2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # P01000057012 PARSLEY APPRAISALS, INC. 04-14-2005 90090 038 ***150.00 Principal Place of Business Mailing Address 5212 PLANTATION DR 5212 PLANTATION OR CALLAHAN, N. 32011 CALLAHAN, FL 32011 2. Principal Place of Business 3. Mailing Address --43238 FREEDOM DR 43238 FREKDOM DR Suite, Apt. #, etc. Suite, Apt. #, etc 04092005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For CALLAHAN CALLAHAN 59-3727002 Not Applicable Country \$8.75 Additional 32011 5. Certificate of Status Desired 32011 NASSAL 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAUED R. PARSLAY PARSLEY, DAVID R Street Address (P.O. Box Number is Not Acceptable) **5212 PLANTATION DR** CALLAHAN, FL 32011 43238 FREADOM DR Zip Code 32011 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Navil Pareley DAVED PARSLEY (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Detete TITLE PARSLEY, DAVID R DAUSO R. PARSLEY HAME NAME STREET ADDRESS 5212 PLANTATION DR 43238 FARROOM DR STREET ADDRESS. CITY-ST-ZIP CALLAHAN, FL 32011 CITY-ST-ZIP CALLAHAN, FL 32011 TITLE Ð C Delete TITLE ☐ Addition Judy A. PARSLAY PARSLEY, JUDY A NAVE MANA 43238 FREEDOM DR STREET ADOPESS **5212 PLANTATION DR** STPEET ADDRESS CALLAHAN, FL 32011 CHY-ST-ZP CHY-ST-72 CAKAHAN, KL 32011 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Doiete TITLE Charge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Delete fitti F Change Addition NA!Æ NAME STREET ADDRESS STREET ADDRESS CRY-SI-AP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statuses, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or cirector of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. DAVED SIGNATURE: 4-9-05

FILED