


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000061363	
1. Entity Name C & S AUTO APPRAISAL SERVICE, INC.	

Principal Place of Business 4630 N. UNIVERSITY DR., #365 CORAL SPRINGS, FL 33067	Mailing Address 4630 N. UNIVERSITY DR., #365 CORAL SPRINGS, FL 33067
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DO NOT WRITE IN THIS SPACE

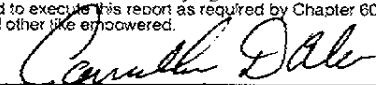
6. Name and Address of Current Registered Agent D'ALO, CARMELLA 8595 N.W. 49 DR. CORAL SPRINGS, FL 33067	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ <small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when not mailing)</small>		DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000105532 04/07/04-80030-006 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D D'ALO, CARMELLA 8595 N.W. 49 DR. CORAL SPRINGS, FL 33067
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 director of the corporation or the receiver or 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.	
SIGNATURE: Carmella D'Alo 	4/1/04 (954) 340-0007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone *</small>