



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90002 046 ***150.00

DOCUMENT # P02000004838 1. Entity Name JIM DENISON APPRAISAL SERVICES, INC.					
Principal Place of Business 141 20TH AVE S ST PETERSBURG, FL 33705				Mailing Address 141 20TH AVE S ST PETERSBURG, FL 33705	
2. Principal Place of Business 7301 43 AVENUE N.		3. Mailing Address 7301 43 AVENUE N.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05172005 Chg-P CR2E034 (10/03)	
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL		4. FEI Number 02-0534402	
Zip 33709		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENISON, JAMES L 141 20TH AVE S ST PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name DENISON, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 7301 43 AVENUE N. City ST. PETERSBURG FL Zip Code 33709	
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: <i>James L. Denison</i> JAMES L. DENISON 5-17-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, JAMES L 141 20TH AVE S ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENISON, JAMES L. 7301 43 AVE N. ST. PETERSBURG FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, NANCY J 141 20TH AVE S ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENISON, NANCY J 7301 43 AVE N. ST. PETERSBURG FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James L. Denison</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5-17-05 727-545-9163 <small>Date Daytime Phone #</small>	
JAMES L. DENISON, PRES					