

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000007057	
1. Entity Name SUMMIT APPRAISAL SERVICES, INC.	

Principal Place of Business 5746 INVERNESS CIRCLE NORTH FT MYERS, FL 33903	Mailing Address 5746 INVERNESS CIRCLE NORTH FT MYERS, FL 33903
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03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0408749	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HENDREN, TIMOTHY B 5746 INVERNESS CIRCLE NORTH FT MYERS, FL 33903

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDREN, TIMOTHY B 5746 INVERNESS CIRCLE NORTH FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDREN, TRACEY A 5746 INVERNESS CIRCLE NORTH FT MYERS, FL 33903
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TIMOTHY B HENDREN

3/15/04 239-841-7400