2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2005 08:00 AM **Secretary of State** DOCUMENT # P02000030668 1. Entity Name A. A. APPRAISALS INCORPORATED Principal Place of Business Mailing Address 1008 W. RIVERA BLVD 1008 W. RIVERA BLVD OVIEDO, FL 32765 OVIEDO, FL 32765 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 04-3627177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALEGAN, SEAN DO NOT WRITE 1008 W RIVIERA BLVD OVIEDO, FL 32765 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election_Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS P TITLE CALEGAN, SEAN P NAME STREET ADDRESS 1008 W. RIVERA BLVD UDDOORDZOOR ? OVIEDO, FL 32765 CITY-ST-ZIP 01/28/05-80034-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM

12. I hereby certify that the information supplied with this filling 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 reactive 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 attantment with an address, with all other like empowered.

SIGNATURE: _

STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTO

FILED