

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000043740

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA APPRAISAL CONSULTANTS, INC.

**Current Principal Place of Business:**

585 S RONALD REAGAN BLVD  
SUITE 121  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

585 S RONALD REAGAN BLVD  
SUITE 121  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 36-4493688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEELE, DANIEL L  
585 S RONALD REAGAN BLVD  
SUITE 121  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PEELE, DANIEL L  
Address: 585 S RONALD REAGAN BLVD, STE 121  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL PEELE

D

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date