

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000073324

1. Entity Name
DALLIN APPRAISAL INC.



Principal Place of Business
**783 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414-7971**

Mailing Address
**783 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414-7971**



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3699714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DALLIN, JONATHON
783 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414-7971**

**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 _____

Signature board printed name of registered agent and fee collector

NOTE: Registered Agent signature required on all filings

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PTD
DALLIN, JONATHON
783 LAKE WELLINGTON DRIVE
WELLINGTON, FL 334147971**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
DALLIN, DAWN
783 LAKE WELLINGTON DRIVE
WELLINGTON, FL 334147971**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

000000309361
04/16/05-80032-021 150.00

**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: *Jonathan Dallin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 *561-333-9531*