## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 08:00 AN Secretary of State

ANNOAL REPORT					Wiay 01, 2000 00.0			
DOCUMENT # P02000101959  1. Entity Name NAPLESAPPRAISERS.COM, P.A.		959			.	Šecretai	y of Sta	
Principal Plac 5248 CORAL NAPLES, FL	. WOOD DRIVE	Mailing Address 5248 CORAL WOOD DRIVE NAPLES, FL 34119			ii Feiid iidh behr bein bein	:	16 <b>2 (0</b> 1629) 16 2 <b>20</b> (	
D	OO NOT WRITE	CE	04182008 4. FEI Numb 54-207		CR2E034 (11/	Applied For Not Applicable Additional		
	6. Name and Address of Current Ro	gistered Agent				•	1	
WARD, DONALD R 5248 CORAL WOOD DRIVE NAPLES, FL 34119					NOT W THIS SF			
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 obligat	ions of registered agent.							
SIGNATURE			ed Agent signature required	when re-nstating)		DATE		
·								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees				
10.	OFFICERS AND D	RECTORS	- <b>]</b> ·					
NAME STREET ADDRESS CITY-ST-ZIP	WARD, DONALD R 5248 CORAL WOOD DRIVE NAPLES, FL 34119				00000 05/28/08	00941199 3-80096-01(	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,			
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE		
THLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS		p						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 tike empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Ward Ir

Daytime Phone #