

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000016886

1. Entity Name
PROFESSIONAL APPRAISAL SERVICES OF
SOUTHWEST FLORIDA, INC.



Principal Place of Business
12820 KENWOOD LN
SUITE 2
FORT MYERS, FL 33907

Mailing Address
12820 KENWOOD LN
SUITE 2
FORT MYERS, FL 33907

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0580005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLISON, DENNIS
12820 KENWOOD LANE #1
FORT MYERS, FL 33907

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	ALLISON, DENNIS
STREET ADDRESS	12820 KENWOOD LANE #1
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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01/24/07-80052-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-17-07