


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90036 026 ***150.00

DOCUMENT# P03000023573
 1. Entity Name
RUSSELL APPRAISAL, INC.



Principal Place of Business: **6308 SEBRING STREET SPRING HILL, FL 34607**
 Mailing Address: **6308 SEBRING STREET SPRING HILL, FL 34607**

99023525



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02142004 Chg-P CR2E034 (10/03)

4. FEI Number: **51-0445143** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **KLIMIS, GEORGE N 27 E. ORANGE STREET TARPON SPRINGS, FL 34689**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: RUSSELL, GREG STREET ADDRESS: 6308 SEBRING STREET CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Delete	TITLE: D/P/S/I/T NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gregory Russell* x 2/18/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #