



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2008 8:00 am**  
**Secretary of State**

07-02-2008 90001 033 \*\*\*150.00

<b>DOCUMENT # P03000035403</b> 1. Entity Name <b>CONTINENTAL REAL ESTATE APPRAISAL SERVICES, INC.</b>					
Principal Place of Business <b>4601 W KENNEDY BLVD STE #308 TAMPA, FL 33609</b>			Mailing Address <b>4601 W KENNEDY BLVD STE #308 TAMPA, FL 33609</b>		
2. Principal Place of Business - No P.O. Box # <b>14935 Fisher Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>14935 Fisher Rd</b> Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b> Zip <b>33613</b>		City & State <b>Tampa, FL</b> Zip <b>33613</b>		4. FEI Number <b>56-2362581</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ACKLES, ALLAN J JR. 4601 W KENNEDY #308 TAMPA, FL 33609</b>			7. Name and Address of New Registered Agent Name <b>Michael Moore</b> Street Address (P.O. Box Number is Not Acceptable) <b>14935 Fisher Rd</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33613</b>		
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 <u><i>Michael M Moore</i></u> <b>Michael M Moore</b> <span style="float: right;">6-29-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ACKLES, ALLAN J JR 4601 W KENNEDY BLVD STE #308 TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOORE, MIKE 4601 W KENNEDY BLVD STE #308 TAMPA, FL 33609	<input type="checkbox"/> Delete			
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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: <u><i>Michael M Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-29-08 813-531-7874 <small>Date Daytime Phone #</small>		

Michael M Moore