

ANNUAL REPORT

DOCUMENT # P03000036385

1. Entity Name
KESTERSON APPRAISAL SERVICES, INC.Jun 1
SecPrincipal Place of Business
2675 WOLF BRANCH ROAD
MOUNT DORA, FL 32757Mailing Address
2675 WOLF BRANCH ROAD
MOUNT DORA, FL 32757

01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 02-0681694 | 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

KESTERSON, STEVE J SR
2675 WOLF BRANCH ROAD
MOUNT DORA, FL 32757**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 _____ (NOTE: Registered Agent signature required when re-registering) 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 | P |
| NAME | KESTERSON, STEVE J |
| STREET ADDRESS | 2675 WOLF BRANCH ROAD |
| CITY-ST-ZIP | MT. DORA, FL 32757 |
| TITLE | VP |
| NAME | KESTERSON, STEPHEN JR. |
| STREET ADDRESS | 2169 ROBERT D ROAD |
| CITY-ST-ZIP | MT. DORA, FL 32757 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1000000766101
05/12/07-80001-017 150.00**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: Steve J. Kesterson - STEVE J. KESTERSON 352 267-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Please note that I have been in+out of hospital
with heart problems since April 20, 2007.Steve Kesterson Sr