2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # P03000038281 * * 1. Entity Name LLOYD'S APPRAISALS, INC. Principal Place of Business Mailing Address 5741 42ND AVE. NORTH 5741 42ND AVE. NORTH KENNETH CITY, FL 33709 KENNETH CITY, FL 33709 No Chg-P 03012005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2667095 Nut Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LLOYD, CHRISTOPHER DO NOT WRITE 5741 42ND AVE. NORTH KENNETH CITY, FL 33709 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS PD TITLE LLOYD, CHRISTOPHER NAME STREET ADDRESS 5741 42ND AVE, NORTH KENNETH CITY, FL 33709 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP MANIE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

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