

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90015 043 ***150.00

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1. Entity Name

SCHWEITZER APPRAISALS, INC.



Principal Place of Business

2194 MAIN ST STE O
DUNEDIN, FL 34698

Mailing Address

2194 MAIN ST STE O
DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2668940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FOX, GREGORY A
28050 U.S. 19 NORTH, SUITE 100
CLEARWATER, FL 33761

**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	D
NAME	SCHWEITZER, JOHN H
STREET ADDRESS	2194 MAIN ST STE O
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	PST
NAME	SCHWEITZER, JOHN H
STREET ADDRESS	1428 D GOLF TO BAY BLVD - 2194 MAIN ST, Suite 0
CITY-ST-ZIP	CLEARWATER, FL 33765 - DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4/25/07

Date

727-733-14040

Daytime Phone #