


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 046 ***150.00

| | |
|---|---|
| DOCUMENT # P03000063115 |  |
| 1. Entity Name C & I APPRAISAL SERVICES, INC. | |

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| Principal Place of Business 1500 NW 62ND STREET SUITE 511 FT. LAUDERDALE, FL 33309 | Mailing Address 7804 TRAVELERS TREE DRIVE BOCA RATON, FL 33433 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04152004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 55-0838664 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent |
| FRANKS, HARVEY 7804 TRAVELERS TREE DRIVE BOCA RATON, FL 33433 |

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Cynthia L. Illobre | |
| Street Address (P.O. Box Number is Not Acceptable) 3724 Coccolake Drive | |
| City Coconut Creek | Zip Code FL 33073 |

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 *Cynthia L. Illobre* DATE 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" 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: *Cynthia L. Illobre* DATE 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~Attachment~~ 54050514
PO3000000315

There is a
name change
Amendment
currently processing.