## 2005 FOR PROFIT CORPORATION

SIGNATURE:

**FILED** Jan 10, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000068630 SOUTHERN APPRAISAL NETWORK, INC. Principal Place of Business \_ Mailing Address 901 CUTLER RD 901 CUTLER RD LONGWOOD, FL 32750 \_ LONGWOOD, FL 32750 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2892181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FLYTH, GEORGE E DO NOT WRITE 901 CUTLER RD LONGWOOD, FL 32750 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 the obligations of egistered agent 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS HILE FLYTH, GEORGE E MAME U00000176340 STREET ADDRESS 901 CUTLER RD 01/10/05-80084-017 198.75 CITY-ST-ZIP LONGWOOD, FL 32750 THLE DVST TOOTLE, DURELL B NAME STREET ADDRESS 1804 MOSHER DR CITY-ST-ZIP ORLANDO, FL 32810 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 attaching in with an argument with all other like empowered.