

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 035 \*\*\*158.75

DOCUMENT # P03000068630

1. Entity Name  
SOUTHERN APPRAISAL NETWORK, INC.

06-29-2006 90001 035 \*\*\*158.75

Principal Place of Business

901 CUTLER RD  
LONGWOOD, FL 32750

Mailing Address

901 CUTLER RD  
LONGWOOD, FL 32750

40097416

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

06142006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2892181

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYTH, GEORGE E  
901 CUTLER RD  
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: George E. Flyth GEORGE E. FLYTH 6/18/2006  
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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
FLYTH, GEORGE E  
901 CUTLER RD  
LONGWOOD, FL 32750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVST  
TOOTLE, DURELL B  
1804 MOSHER DR  
ORLANDO, FL 32810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: George E. Flyth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/2006  
Date

Daytime Phone #

**ATTACHMENT**  
**Division of Corporations**

40097416

**Annual Report****Annual Report Help**~~Document Number~~**P03000068630**~~Business Entity Name~~**SOUTHERN APPRAISAL NETWORK, INC.**

☒ **After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.**

FEI Number

592892181

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

901 CUTLER RD

Suite, Apt. #, etc.

City, State

LONGWOOD

, FL

Zip Code &amp; Country

32750

**Mailing Address**

Address

1175 SPRING CENTRE BLVD. S

Suite, Apt. #, etc.

STE 101

City, State

ALTAMONTE SPRINGS

, FL

Zip Code &amp; Country

32714

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

FLYTH

GEORGE

, E

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

901 CUTLER RD

Suite, Apt. #, etc.

City, State

LONGWOOD

, FL

Zip Code &amp; Country

ATTACHMENT

32750 US

40097416  
#P03000068630

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature***George E. Flyth*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DP  
Name (Last, First, Middle, Title) FLYTH, GEORGE, E,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 901 CUTLER RD  
City, State LONGWOOD, FL  
Zip Code & Country 32750

Title DVST  
Name (Last, First, Middle, Title) TOOTLE, DURELL, B,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 1804 MOSHER DR  
City, State ORLANDO, FL  
Zip Code & Country 32810

Title  
Name (Last, First, Middle, Title),

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address  
City, State

ATTACHMENT

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title *PRESIDENT* *GEORGE E. FLYTH*  
Officer/Director Signature *George E. Flyth*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that