

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90101 031 ***158.75

DOCUMENT # P03000074654

1. Entity Name
ACCESS APPRAISAL GROUP, INC.



Principal Place of Business
**2041 TED HINES DR
TALLAHASSEE, FL 32308**

Mailing Address
**2041 TED HINES DR
TALLAHASSEE, FL 32308**

54060684

2. Principal Place of Business

3. Mailing Address

2204 TURNBRIDGE CT
Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004

Chg-P

CR2E034 (10/03)

City & State

City & State

Tallahassee FL
Zip **32311** Country **US**

Zip Country

4. FEI Number

80-0072310

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, CHRISTOPHER P
2142 CORRINE ST APT D
TALLAHASSEE, FL 32308**

Chris Wilson

7. Name and Address of New Registered Agent

Name **2204 TURNBRIDGE CT**

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

2204 TURNBRIDGE CT

City

Tallahassee FL

Zip Code

32311

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
Due by September 8, 2004**

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 **P** ☐ Delete
NAME **WILSON, CHRISTOPHER P**
STREET ADDRESS **2041 TED HINES DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **V** ☐ Delete
NAME **GREER, BRUCE E**
STREET ADDRESS **2041 TED HINES DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **2204 TURNBRIDGE CT. TALL FL 32311**
CITY-ST-ZIP

TITLE **Same** ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS **1800 MICCOSUKEE COMMONS**
CITY-ST-ZIP **TALL. FL 32308**

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

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

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

TITLE ☐ Change ☐ Addition
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #