

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000077530

1. Entity Name
DAVCON APPRAISAL SERVICES, INC.



Principal Place of Business
2059 ROCKY HILL DRIVE
DELTONA, FL 32738

Mailing Address

2059 ROCKY HILL DRIVE
DELTONA, FL 32738

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CONNOR, DAVID H JR.
2059 ROCKY HILL DRIVE
DELTONA, FL 32738

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: CONNOR, DAVID H JR.
STREET ADDRESS: 2059 ROCKY HILL DRIVE
CITY-ST-ZIP: DELTONA, FL 32738

Delete

TITLE: VD
NAME: CONNOR, DAVID H JR.
STREET ADDRESS: 2059 ROCKY HILL DRIVE
CITY-ST-ZIP: DELTONA, FL 32738

Delete

TITLE: Delete
NAME: Delete
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CITY-ST-ZIP: Delete

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

3/8/04 (386)748-8666
Date Daytime Phone #

DAVID H CONNOR JR