2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an

SIGNATURE

Feb 24, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000077530 1. Entity Name DAVCON APPRAISAL SERVICES, INC. Principal Place of Business___ Mailing Address 2059 ROCKY HILL DRIVE 2059 ROCKY HILL DRIVE DELTONA, FL 32738 DELTONA, FL 32738 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0623813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONNOR, DAVID H JR. DO NOT WRITE 2059 ROCKY HILL DRIVE DELTONA, FL 32738 IN THIS SPACE 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 TITLE CONNOR, DAVID H JR. NAME STREET ADDRESS 2059 ROCKY HILL DRIVE U00000241474 CiTY-ST-ZiP DELTONA, FL 32738 /24/05-80046-006 150.**00** TITLE VD CONNOR, DAVID H JR. NAME STREET ADDRESS 2059 ROCKY HILL DRIVE CITY-ST-ZIP DELTONA, FL 32738 TORE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 it made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the receiver of trustee empoyees to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ER OR DIRECTO

Date

FILED