2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112558

Entity Name: DELAPLANTE APPRAISALS INC.

FILED Jul 05, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8000 S LAKE DR 2885 S. OASIS DRIVE

W PALM BCH, FL 33406 BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

P.O. BOX 540206 8000 S LAKE DR

W PALM BCH, FL 33406 LAKE WORTH, FL 33454

FEI Number: 55-0851692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELAPLANTE, JAMES W 2885 S. OASIS DRIVW DELAPLANTE, JAMES W 8000 S LAKE DR

W PALM BCH, FL 33406 BOYNTON BEACH, FL 33426

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.

SIGNATURE: JAMES W. DELAPLANTE 07/05/2004

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

() Delete Title: (X) Change () Addition

DELAPLANTE, JAMES W DELAPLANTE, JAMES W Name: Name: 8000 S LAKE DR 2885 S. OASIS DRIVE Address: Address: BOYNTON BEACH, FL 33426 City-St-Zip: W PALM BCH, FL 33406 City-St-Zip:

Title: Title: (X) Change () Addition () Delete ONAN, DIANE C Name: Name: ONAN, DIANE C

8000 S LAKE DR Address: 2885 S. OASIS Address:

W PALM BCH, FL 33406 BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. DELAPLANTE **PRES** 07/05/2004