

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129109

Entity Name: B&Z APPRAISALS, INC.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

740 NORTHWEST 217TH TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

4411 SW 23RD ST.
FOURT LAUDERDALE, FL 33317

Current Mailing Address:

740 NORTHWEST 217TH TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

4411 SW 23RD ST
FOURT LAUDERDALE, FL 33317

FEI Number: 20-0387718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PICKARD, ZARADA R MRS
740 NW 217 TER
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

PICKARD, ZARADA R MRS
607 NE 1ST STREET
CHIEFLAND, FL 32626 US

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: ZARADA PICKARD

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICKARD, BARRY W
Address: 740 NORTHWEST 217TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VSTD () Delete
Name: PICKARD, ZARADA R
Address: 740 NORTHWEST 217TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PICKARD, BARRY W
Address: 4411 SW 23RD ST
City-St-Zip: FOURT LAUDERDALE, FL 33317

Title: VSTD (X) Change () Addition
Name: PICKARD, ZARADA R
Address: 607 NE 1ST STREET
City-St-Zip: CHIEFLAND, FL 32626

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: ZARADA PICKARD

VSTD

04/04/2005

Electronic Signature of Signing Officer or Director

Date