


2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
04-30-2007 90842 004 ***150.00
FILED

07 MAY 22 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000130749			
1. Entity Name BRANDVOLD APPRAISAL, INC.			
Principal Place of Business #1 MAN-O-WAR ROAD MARATHON, FL 33050		Mailing Address P.O. BOX 501524 MARATHON, FL 33050	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 54-2133500		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		50:75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANDVOLD, MARIA MS. P.O. BOX 501524 MARATHON, FL 33050		7. Name and Address of New Registered Agent Name MARIA BRANDVOLD Street Address (P.O. Box Number is Not Acceptable) #1 MAN-O-WAR ROAD City MARATHON FL Zip Code 33050	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BRANDVOLD, MARIA #1 MAN-O-WAR ROAD MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Maria Brandvold</u>		Date <u>4/26/07</u> Daytime Phone # <u>305-289-7220</u>	

Document corrected per Maria Brandvold. Pse