

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90270 008 ***150.00

DOCUMENT # P03000147964

1. Entity Name

PREMIER APPRAISAL SERVICE, INC.



Principal Place of Business

**1618 FOREST HILLS LANE
HAINES CITY FL 33844
US**

Mailing Address

**1618 FOREST HILLS LANE
HAINES CITY FL 33844
US**



2. Principal Place of Business

1023 Red Dandy DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1023 Red Dandy DRIVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-0464330

Applied For

Not Applicable

Zip

32818

Country

USA

Zip

32818

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAILEY, THOMAS J
1618 FOREST HILLS LANE
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name **Bailey, Thomas J.**

Street Address (P.O. Box Number is Not Acceptable)

1023 Red Dandy DRIVE

City **Orlando**

FL

Zip Code **32818**

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

Thomas J. Bailey

Thomas J. Bailey Vice President 4/08/2005

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BAILEY, JEAN E**
STREET ADDRESS **1618 FOREST HILLS LANE**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VP** ☐ Delete
NAME **BAILEY, THOMAS J**
STREET ADDRESS **1618 FOREST HILLS LANE**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Bailey, JEAN E.**
STREET ADDRESS **1023 Red Dandy DRIVE**
CITY-ST-ZIP **Orlando FL 32818**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Bailey, Thomas J.**
STREET ADDRESS **1023 Red Dandy Drive**
CITY-ST-ZIP **Orlando, FL--32818**

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

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

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

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:

Thomas J. Bailey **THOMAS J. Bailey Vice President 4/08/2005 407-295-3805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #