


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90012 014 ***150.00

DOCUMENT # P04000032852	
1. Entity Name MOURHESS APPRAISALS, INC.	

Principal Place of Business 8408 GROVE RD. FT. MYERS, FL 33912	Mailing Address 8408 GROVE RD. FT. MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box # 8570 Kingbird Loop	3. Mailing Address 8507 Kingbird Loop
Suite, Apt. #, etc. # 544	Suite, Apt. #, etc. # 544
City & State FT. MYERS FL	City & State FT. MYERS FL
Zip 33967	Country LEE

40079113



04112007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MOURHESS, JACQUELYN 8408 GROVE RD. FT. MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 J. Mourhess DATE 4/13/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURHESS, JACQUELYN 8408 GROVE RD. FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mourhess Appraisals <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8570 Kingbird Loop # 544 FT MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURHESS, BRIAN 8408 GROVE RD. FT. MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jacquelyn Mourhess DATE 4/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR