

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049556

Entity Name: 1ST CHOICE APPRAISALS, INC.

FILED
Mar 29, 2008
Secretary of State

Current Principal Place of Business:

3843 STRATFIELD DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

3843 STRATFIELD DR
NEW PORT RICHEY, FL 34652

Current Mailing Address:

635 DELAWARE AVENUE
MADISON, TN 37115

New Mailing Address:

737 HOWSE AVE
MADISON, TN 37115

FEI Number: 20-0926541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, CASSANDRA
3843 STRATFIELD DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: THOMPSON, CASSANDRA B OWNER
Address: 3843 STRATFIELD DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CASSANDRA THOMPSON

PRES

03/29/2008

Electronic Signature of Signing Officer or Director

_____ Date