

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058647

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: PALMETTO BAY APPRAISALS,INC.

## Current Principal Place of Business:

18021 SW 91 AVENUE  
PALMETTO BAY, FL 33157 US

## New Principal Place of Business:

15715 S. DIXIE HIGHWAY SUITE 225  
PALMETTO BAY, FL 33157 US

## Current Mailing Address:

18021 SW 91 AVENUE  
PALMETTO BAY, FL 33157 US

## New Mailing Address:

15715 S. DIXIE HIGHWAY SUITE 225  
PALMETTO BAY, FL 33157 US

FEI Number: 20-1018537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR  
2730 WHITE SANDS DRIVE  
SUITE 3-A  
SARASOTA, FL 34231 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: DPT ( ) Delete  
Name: CHIN LOY, DONALD S  
Address: 18021 SW 91 AVENUE  
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: VPS ( ) Delete  
Name: SAVAGE, TABITHA M  
Address: 16110 SW 97 COURT  
City-St-Zip: MIAMI, FL 33157 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change ( ) Addition  
Name: SAVAGE, TABITHA M  
Address: 16110 SW 97 COURT  
City-St-Zip: MIAMI, FL 33157 US

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: DONALD S CHIN LOY

DPT

04/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date