


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90426 008 \*\*\*150.00

<b>DOCUMENT # P04000064886</b> 1. Entity Name <b>JOHN W DEMKO JR. PROPERTY APPRAISER PA</b>					
Principal Place of Business <b>1321 CYPRESS AVE</b> <b>VENICE, FL 34285 US</b>			Mailing Address <b>1321 CYPRESS AVE</b> <b>VENICE, FL 34285 US</b>		
<b>21467 Sheldon Ave</b> 2. Principal Place of Business			<b>21467 Sheldon Ave</b> 3. Mailing Address		
Suite, Apt. #, etc. <b>Port Charlotte Fl</b>			Suite, Apt. #, etc. <b>Port Charlotte Fl</b>		
City & State			City & State		
Zip <b>33952</b>	Country <b>Charlotte</b>	Zip <b>33952</b>	Country <b>Charlotte</b>	04272006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-1019102</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEMKO, JOHN</b> <b>1321 CYPRESS AVE</b> <b>VENICE, FL 34285</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>John Demko</i></u> <b>John Demko President</b> <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DEMKO, JOHN W JR</b> <b>1321 CYPRESS AVE</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Demko, John W Jr.</b> <b>21467 Sheldon Ave.</b> <b>Pt. Charlotte Fl 33952</b>	
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	
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.					
<b>SIGNATURE:</b> <u><i>John Demko</i></u> <b>4/27/06</b> <b>941-255-9933</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					