


**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P04000073165</b> 1. Entity Name <b>MARKET VALUE APPRAISALS OF CENTRAL FLORIDA, INC.</b>	
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40089712

Principal Place of Business <b>320 S BUMBY AVE                  STE 17                  ORLANDO, FL 32803</b>	Mailing Address <b>320 S BUMBY AVE                  STE 17                  ORLANDO, FL 32803</b>
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2. Principal Place of Business - No P.O. Box # <b>3331 Herringridge Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>3331 Herringridge Dr</b> Suite, Apt. #, etc.
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04272008    Chg-P    CR2E034 (12/06)

City & State <b>Orlando, FL</b>	City & State <b>Orlando FL</b>	4. FEI Number <b>51-0528934</b>	Applied For Not Applicable
Zip <b>32812</b>	Country <b>USA</b>	Zip <b>32812</b>	Country <b>USA</b>

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NEAL, WILLIAM M  
 3331 HERRINGRIDGE DRIVE  
 ORLANDO, FL 32812**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL**    Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2008 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>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEAL, WILLIAM M			NAME			
STREET ADDRESS	3331 HERRINGRIDGE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEAL, SHARLENE R			NAME			
STREET ADDRESS	3331 HERRINGRIDGE DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** William M. Neal    **WILLIAM M. NEAL**    4/27/08    407-207-8468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #