


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 020 ***150.00

DOCUMENT # P04000085906	
1. Entity Name BIRKHOZ APPRAISAL SOUTH, INC.	

Principal Place of Business 105 SHORELAND DRIVE OSPNEY, FL 34222	Mailing Address 105 SHORELAND DRIVE OSPNEY, FL 34222
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50064081



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08172005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1195924	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALDMAN, MARTIN L 105 SHORELAND DRIVE OSPNEY, FL 34222		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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T WALDMAN, MARTIN L 105 SHORELAND DRIVE OSPNEY, FL 34222 <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	V, S BIRKHOZ, KATHRYN C 6311 35TH AVE CIRCLE EAST PALMETTO, FL 34221 <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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTIN LARRY WALDMAN 8/20/05 941 7807031

ATTACHMENT

2 of 2

August 12, 2005
Dept. of State
Division of corporations
PO Box 6327
Tallahassee, Fl, 32414

50064081
#P04000085906

Gentlemen,

Your recorded message said that if we did not receive your postcard indicating that the Annual Corporate fee was due, that we should file and check a box that indicates we did not receive the said notice. We went on line and found the proper form, but could not find the box to check. Please note that we did not receive said notice. Your message went on to say include \$150.00 as payment.
Enclosed is a check for \$150.00

Thank You



MARTIN WALCOTT

President
Birkholz Appraisal South inc
105 Shoreland dr.
Osprey, Fl ,34229

EIN 20-1195924



ATTACHMENT

50064081

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 17, 2005

BIRKHOLZ APPRAISAL SOUTH, INC.
105 SHORELAND DRIVE
OSPREY, FL 34222

SUBJECT: BIRKHOLZ APPRAISAL SOUTH, INC.
Ref. Number: P04000085906

Thank you for your correspondence of August 12, 2005, which has been forwarded to me for response.

Our office will consider waiving the reinstatement fee provided you return your corrected document, your letter requesting a waiver, this letter and your check(s) totaling \$150.00 within 30 days of the date of this letter.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

An officer or director must sign the report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 005A00052459