

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000085906 1. Entity Name BIRKHOLZ APPRAISAL SOUTH, INC.	
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Principal Place of Business 105 SHORELAND DRIVE OSPREY, FL 34222	Mailing Address 105 SHORELAND DRIVE OSPREY, FL 34222
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DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1195924	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

WALDMAN, MARTIN L
105 SHORELAND DRIVE
OSPREY, FL 34222

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IN THIS SPACE**

B. 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 changing.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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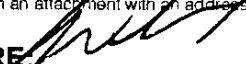
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T WALDMAN, MARTIN L 105 SHORELAND DRIVE OSPREY, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S BIRKHOLZ, KATHRYN C 6311 35TH AVE CIRCLE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80058-017 150.00

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IN THIS SPACE**

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  DATE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR