

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113455

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: ALL STAR APPRAISAL SERVICES, INC.

## Current Principal Place of Business:

2555 ENTERPRISE ROAD  
SUITE 5  
CLEARWATER, FL 33763

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1951  
DUNEDIN, FL 34697

## New Mailing Address:

FEI Number: 20-1526141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURRIS, CARI M  
611 LAKE CYPRESS CIRCLE  
OLDSMAR, FL 34677 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: CSH ( ) Delete  
Name: BURRIS, CARI M  
Address: 611 LAKE CYPRESS CIRCLE  
City-St-Zip: OLDSMAR, FL 34677

Title: CSH ( ) Delete  
Name: PILGRIM, JONI L  
Address: 1959 FAIRWAY CIR EAST  
City-St-Zip: DUNEDIN, FL 34698

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARI BURRIS

CSH

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date