

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90565 019 ***158.75

DOCUMENT # P04000114841 1. Entity Name A QUALITY-ONE APPRAISAL SERVICE CORP	
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Principal Place of Business 12004 COLONIAL ESTATES LANE RIVERVIEW, FL 33569 US	Mailing Address 5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40010000



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1457483	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DREW, KELLY 5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,T <input type="checkbox"/> Delete GIBBONS, TREENA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12004 COLONIAL ESTATES LANE	NAME	STREET ADDRESS
STREET ADDRESS	RIVERVIEW, FL 33569	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP,S <input type="checkbox"/> Delete GIBBONS, JEREMY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12004 COLONIAL ESTATES LANE	NAME	STREET ADDRESS
STREET ADDRESS	RIVERVIEW, FL 33569	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP
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		STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	

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:  _____

Date: **01/17/05** (813) 245-6566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR