


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90012 038 \*\*\*163.75

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<b>DOCUMENT # P04000118276</b>			
1. Entity Name ISLAND APPRAISAL SERVICE, INC.			
Principal Place of Business 4830 ARTHUR KILL ROAD SUITE LL-2 STATEN ISLAND, NY 10309		Mailing Address 4830 ARTHUR KILL ROAD SUITE LL-2 STATEN ISLAND, NY 10309	
2. Principal Place of Business 2230 NE 36 ST. Suite, Apt. #, etc. APT #4 City & State Lighthouse Point Zip 33064 Country BROWARD		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
01062005		Chg-P CR2E034 (10/03)	
4. FEI Number 20-1589636		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC 92 SADBERRY ROAD QUINCY, FL 32351		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. X \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MEROLO, JOHN 102 PLEASANT PLAINS AVENUE STATEN ISLAND, NY 10309 <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	DVS MEROLO, DANA 102 PLEASANT PLAINS AVENUE STATEN ISLAND, NY 10309 <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: John MeroLo		JOHN MEROLO 1/6/2005 718 227 5090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	