2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2005 8:00 am Secretary of State

DOCUMENT # P04000143625 1. Entity Name BRYANT L. HYDE INVESTMENT APPRAISERS, INC.						Secretary of State 04-05-2005 90057 023 ***158.75				
Principal Plac 1010 5TH AV NAPLES, FL	VE S SUITE :		Mailing Address 1010 5TH AVE S SUITE 306 NAPLES, FL 34102						m kriil heli libi	18 St. (1 18 St.)
2. Principal Place of Business 1010 SHADY 5 906 Suite Aot # etc.			3. Mailing Address Suite, Apt. #, etc.							
200						03112005	Chg-P	CR2E03	4 (10/03)	:2 -
City & State NAPICS FI			City & State			4. FEI Numb	1296837)		plied For t Applicable
3410	Zip Country		Zip Coun		try		e of Status Desired	X S	8.75 Add	itional
		and Address of Current	Registered Agent			7. Name and	Address of New F	 _		
HYDE, BR	YANT L		Name							
425 ROBIN NAPLES, F	NHOOD C				Street Address	(P.O Box Numb	is Not Acceptable	e)		
NAPLES, I	FE 34104				$\overline{}$					
					City			FL	Zip Code	,
		y submits this statement of	r the purpose of chang	jing its register	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
the obligations of registered agent										
SIGNATURE	Signature, typed	or printed name of the sterral agent	and the if applicable.	(NOTE: Registere	d Agent signature requir	ed when reinslating)		5/3/	<u> </u>	
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.	l	Campaign Finar d Contribution,		5.00 May Be ided to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME	D HYDE, BF	OVANIT I	☐ D elet	e TITLE	1				☐ Change	Addition:
STREET ADDRESS		NHOOD CR #202			ET ADDRESS					
CITY-ST-ZIP	NAPLES,	FL 34104			-ST-ZIP	 -				
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STREET ADDRESS CITY-ST-ZIP	•				ET ADDRESS - ST-ZIP					
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NAME STREET ADDRESS				NAM! Stre	E Et address					
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TITLE NAME			☐ Delete	e TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					ļ
12. Thereby o	ertify that the	e information supplied with	this filing does not qui	alify for the exer	motion stated in S	ection 119.07(3)	(i), Florida Statutes.	I further certil	ly that the in	formation
indicated on this report or supplemental report is true and 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 preciver or rustee empoyand 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 attraction with an address with all other like empowered.										
SIGNAT	URE(_	SIGNATURE AND TYPED OR	PAINTED NAME OF SIGNING C	FFICER OR DIRECT	TOR .		3/15/00	5	visna Phone #	