


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90030 014 ***150.00

DOCUMENT # P04000151570	
1. Entity Name SOUTHEAST APPRAISAL SERVICES, INC.	

Principal Place of Business 138 E. CENTRAL AVE. HOWEY-IN-THE-HILLS, FL 34737	Mailing Address 138 E. CENTRAL AVE. HOWEY-IN-THE-HILLS, FL 34737
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2. Principal Place of Business 539 CR 533	3. Mailing Address P.O. Box 1358
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sumterville FL.	City & State Bushnell, FL
Zip 33585	Zip 33513
Country USA	Country USA

07182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1836350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAGAN, CHALEAH R VERNON 138 E. CENTRAL AVE. HOWEY-IN-THE-HILLS, FL 34737	
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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAGAN, CHALEAH R 138 E. CENTRAL AVE. HOWEY-IN-THE-HILLS, FL 34737 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Chaleah Pagan* Date: 7-18-05 352-303-5863
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR