

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002063

Entity Name: AMERICANA APPRAISAL CORP.

FILED
Jul 24, 2008
Secretary of State

Current Principal Place of Business:

5720 HERONPARK PLACE
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

PO BOX 214
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-2105790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, LAURIE L
2212 VALRICO FOREST DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

WALSH, LAURIE L
5720 HERONPARK PLACE
LITHIA, FL 33547 US

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:

07/24/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: WALSH, LAURIE L
Address: 2212 VALRICO FOREST DR
City-St-Zip: VALRICO, FL 33594

Title: DVT () Delete
Name: WALSH, III, JOHN J
Address: 2212 VALRICO FOREST DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: WALSH, LAURIE L
Address: 5720 HERONPARK PLACE
City-St-Zip: LITHIA, FL 33547

Title: DVT (X) Change () Addition
Name: WALSH, III, JOHN J
Address: 5720 HERONPARK PLACE
City-St-Zip: LITHIA, FL 33547

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: LAURIE L. WALSH

DPS

07/24/2008

Electronic Signature of Signing Officer or Director

Date