


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 047 ***150.00

DOCUMENT # P05000005396	
1. Entity Name MAIMONE APPRAISERS, INC.	

Principal Place of Business 8325 QUITO PL WELLINGTON, FL 33414 <i>MOVED</i>	Mailing Address 8325 QUITO PL WELLINGTON, FL 33414 <i>MOVED</i>
--	--

2. Principal Place of Business - No P.O. Box # 9595 ISLES CAY DR.	3. Mailing Address 9595 ISLES CAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
--	--

Zip 33446	Country USA	Zip 33446	Country USA
---------------------	-----------------------	---------------------	-----------------------

03262008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3796711	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MAIMONE, JOSEPH 8325 QUITO PL WELLINGTON, FL 33414 <i>MOVED</i>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 9595 ISLES CAY DR.	
City DELRAY BEACH	Zip Code FL 33446

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: *Joseph Maimone* **JOSEPH MAIMONE** (NOTE: Registered Agent signature required when re-registering) DATE: **3/26/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MAIMONE, JOSEPH 8325 QUITO PL WELLINGTON, FL 33414 <i>MOVED</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9595 ISLES CAY DR. DELRAY BEACH FL 33446 <input checked="" 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
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
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
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
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 exemptions contained 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 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: *Joseph Maimone* **JOSEPH MAIMONE** DATE: **3/26/08** DAYTIME PHONE: **561-637-2865**