

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Aug 15, 2008 8:00 am
Secretary of State

07-15-2008 90063 002 ***450.00

08-15-2008 90001 033 ***100.00

DOCUMENT # P05000007044

1. Entity Name

APPRAISAL SERVICES OF ORLANDO, INC.



Principal Place of Business

4351 FOX STREET
ORLANDO, FL 32814 US

Mailing Address

4351 FOX STREET
ORLANDO, FL 32814 US

DO NOT WRITE IN THIS SPACE



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2174433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when transferring

DATE

FILE NOW!!! FEE IS \$950.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	VANDER MAY, TODD
STREET ADDRESS	4351 FOX STREET
CITY - ST - ZIP	ORLANDO, FL 32814
TITLE	SECR
NAME	VANDER MAY, MARY
STREET ADDRESS	4351 FOX STREET
CITY - ST - ZIP	ORLANDO, FL 32814
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Todd Vander May

TODD VANDER MAY

7/9/2008

407-895-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #