

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147699

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** A.C. REALESTATE APPRAISAL SERVICES, INC.

**Current Principal Place of Business:**

112 GATES AVENUE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 186  
LAKE PLACID, FL 33862

**New Mailing Address:**

**FEI Number:** 20-3733604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOPER, WILLIAM A VPTD  
112 GATES AVE.  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

COOPER, WILLIAM A PSD  
112 GATES AVE.  
LAKE PLACID, FL 33852 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:** WILLIAM ALLEN COOPER II

04/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSD ( ) Delete  
**Name:** COOPER, PATRICIA  
**Address:** 112 GATES AVENUE  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** VPTD (X) Delete  
**Name:** COOPER, WILLIAM II  
**Address:** 112 GATES AVENUE  
**City-St-Zip:** LAKE PLACID, FL 33852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSD (X) Change ( ) Addition  
**Name:** COOPER, WILLIAM II  
**Address:** 112 GATES AVENUE  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** WILLIAM ALLEN COOPER II

PSD

04/16/2009

Electronic Signature of Signing Officer or Director

Date