


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90039 037 ***150.00

DOCUMENT # P06000005650	
1. Entity Name EXPEDIENT APPRAISAL GROUP, INC	

Principal Place of Business 2003 KENNEDY BOULEVARD W. TAMPA, FL 33606	Mailing Address 2003 KENNEDY BOULEVARD W. TAMPA, FL 33606
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60025038



2. Principal Place of Business - No P.O. Box # 8822 WESTERLAND DR	3. Mailing Address 8822 WESTERLAND DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAND O LAKES FL	City & State LAND O LAKES FL
Zip 34637	Country FLA

02032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FARMER, JONATHON 2003 KENNEDY BOULEVARD W. TAMPA, FL 33606	
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4. FEI Number 20-4124702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: *Jonathon Farmer* DATE: 4/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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 FARMER, JONATHON 2003 KENNEDY BOULEVARD W. TAMPA, FL 33606 <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 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: *Jonathon Farmer* DATE: 4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #