

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035318

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA CENTRAL APPRAISAL, INC.

**Current Principal Place of Business:**

152 BLUE MOON AVE.  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

4651 CRAYTON RD  
NAPLES, FL 34103 US

**Current Mailing Address:**

152 BLUE MOON AVE.  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

4651 CRAYTON RD  
NAPLES, FL 34103 US

**FEI Number:** 20-4463558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HYRE, GARY  
152 BLUE MOON AVE  
LAKE PLACID, FL 33852 US

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

HYRE, GARY  
4651 CRAYTON RD  
NAPLES, FL 34103 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:**

03/16/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** HYRE, GARY  
**Address:** 4651 CRAYTON RD  
**City-St-Zip:** NAPLES, FL 34103 US

**Title:** D  
**Name:** HYRE, GARY  
**Address:** 4651 CRAYTON RD  
**City-St-Zip:** NAPLES, FL 34103 US

I hereby 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 all other like empowered.

**SIGNATURE:** GARY HYRE

PVST

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date