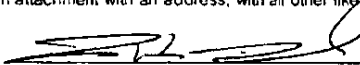


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-04-2007 90082 044 ***150.00

5/4

DOCUMENT # P06000142054 1. Entity Name TRUE VALUE APPRAISAL OF THE FLORIDA SUNCOAST, INC.					
Principal Place of Business 2831 RINGLING BLVD. SUITE B-107 SARASOTA FL 34237			Mailing Address 2831 RINGLING BLVD. SUITE B-107 SARASOTA FL 34237		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2219717	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MYERS, JOHN H 2831 RINGLING BLVD. SUITE B-107 SARASOTA FL 34237				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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: For purposes of Agent signature, name and title, which is verifiable.) (DATE)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS	PRESIDENT GEORGE K. GOSCHÉ III	☐	STREET ADDRESS	19 N. BLVD. OF PRESIDENTS, #427	☐
CITY, ST, ZIP	SARASOTA, FL 34236	☐	CITY, ST, ZIP	SARASOTA, FL 34236	☐
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS		☐	STREET ADDRESS		☐
CITY, ST, ZIP		☐	CITY, ST, ZIP		☐
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS		☐	STREET ADDRESS		☐
CITY, ST, ZIP		☐	CITY, ST, ZIP		☐
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS		☐	STREET ADDRESS		☐
CITY, ST, ZIP		☐	CITY, ST, ZIP		☐
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS		☐	STREET ADDRESS		☐
CITY, ST, ZIP		☐	CITY, ST, ZIP		☐
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS		☐	STREET ADDRESS		☐
CITY, ST, ZIP		☐	CITY, ST, ZIP		☐
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS		☐	STREET ADDRESS		☐
CITY, ST, ZIP		☐	CITY, ST, ZIP		☐
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  GEORGE K. GOSCHÉ III - 4/17/07 - 941-266-7399 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					