

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014765

FILED  
Mar 03, 2012  
Secretary of State

**Entity Name:** APPRAISAL X-PRESS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1727 STREAM AVENUE  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8208  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 20-8363916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THORLTON, PEGGY  
1727 STREAM AVENUE  
SEBRING, FL 33875 US

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

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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THORLTON, WILLIAM D  
Address: 1727 STREAM AVENUE  
City-St-Zip: SEBRING, FL 33875 US

Title: VP  
Name: THORLTON, ROBERT D  
Address: 1727 STREAM AVENUE  
City-St-Zip: SEBRING, FL 33875 US

Title: ST  
Name: THORLTON, PEGGY  
Address: 1727 STREAM AVENUE  
City-St-Zip: SEBRING, FL 33875 US

Title: D  
Name: THORLTON, RYAN  
Address: 1727 STREAM AVENUE  
City-St-Zip: SEBRING, FL 33875 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: PEGGY THORLTON

ST

03/03/2012

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

\_\_\_\_\_  
Date