


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 002 ***158.75

DOCUMENT # P07000068199 1. Entity Name DARLING & RAMSEYER APPRAISAL SERVICES, INC.					
Principal Place of Business 1290 MAGNOLIA TRAIL GRAND RIDGE, FL 32442			Mailing Address 1290 MAGNOLIA TRAIL GRAND RIDGE, FL 32442		
2. Principal Place of Business - No P.O. Box # 4427 Market Street Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Marianna, FL Zip 32446		City & State Zip Country USA		4. FEI Number 42-1731755 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DARLING, SUSAN WALKER 1290 MAGNOLIA TRAIL GRAND RIDGE, FL 32442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Susan Walker Darling - Susan Walker Darling - Pres.</u> DATE <u>2/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARLING, SUSAN WALKER 1290 MAGNOLIA TRAIL GRAND RIDGE, FL 32442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMSEYER, BRENDA HOLTON 7331 BIRCHWOOD ROAD GRAND RIDGE, FL 32442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Susan Walker Darling - Susan Walker Darling</u> 2-1-08 850-526-4007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					