

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P92000002645

1. Entity Name  
REGIONAL APPRAISERS & CONSULTANTS, INC.



Principal Place of Business

5179 EL PINE WAY  
PALM BEACH GARDENS, FL 33418 US

Mailing Address

P.O. BOX 30924  
PALM BEACH GARDENS, FL 33420

FILED

2004 MAY 20 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03102003 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0371990

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GORDON, BRIAN  
5179 EL PINE WAY  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GORDON, BRIAN
STREET ADDRESS	5179 EL PINE WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100036966471  
05/20/04--01061--005 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/04 564  
840-7906