

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002645

FILED
Apr 30, 2009
Secretary of State

Entity Name: REGIONAL APPRAISERS & CONSULTANTS, INC.

Current Principal Place of Business:

5291 NW ALMOND AVE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 882015
PORT ST. LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 65-0371990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, BRIAN
5291 NW ALMOND AVE
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

GORDON, BRIAN Z OWNER
5291 NW ALMOND AVE
PORT ST. LUCIE, FL 34986 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: BRIAN Z. GORDON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWNE () Delete
Name: GORDON, BRIAN
Address: 5291 NW ALMOND AVE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: GORDON, BRIAN Z PRES
Address: 5291 NW ALMOND AVE
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN Z. GORDON

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date