

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2005
Secretary of State**

DOCUMENT# P92000015404

Entity Name: COLLINS APPRAISAL SERVICE, INC.

Current Principal Place of Business:

409 MONTGOMERY RD
UNIT 161
ALTAMONTE SPGS, FL 32714 US

New Principal Place of Business:

1670 OVERLOOK RD
LONGWOOD, FL 32750 US

Current Mailing Address:

409 MONTGOMERY RD
UNIT 161
ALTAMONTE SPGS, FL 32714 US

New Mailing Address:

1670 OVERLOOK RD
LONGWOOD, FL 32750 US

FEI Number: 59-3158148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, WALTER G
1670 OVERLOOK RD.
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLINS, WALTER G
Address: 1670 OVERLOOK RD.
City-St-Zip: LONGWOOD, FL

Title: VST () Delete
Name: COLLINS, PATRICIA A
Address: 1670 OVERLOOK RD.
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA A COLLINS

VST

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date