

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000002134

1. Entity Name
ABBOTT APPRAISAL ASSOCIATES, INC.



Principal Place of Business
104 JAZZ DRIVE
PANAMA CITY, FL 32405

Mailing Address
PO BOX 269
PANAMA CITY, FL 32402

**FILED
May 01, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3159108	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, WALTER L
104 JAZZ DRIVE
PANAMA CITY, FL 32405

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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000939005

05/28/08-80010-022-150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ABBOTT, WALTER L.
STREET ADDRESS 104 JAZZ DRIVE
CITY-ST-ZIP PANAMA CITY, FL

TITLE ST
NAME ABBOTT, BARBARA H
STREET ADDRESS 104 JAZZ DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Walter L. Abbott* 4/30/08 850-785-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #