## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2005 08:00 AM Secretary of State

		IZE: OKT		- $        -$	
DOCUMENT # P93000048344  1. Entity Name RGS APPRAISAL GROUP, INC.				Secretary of Stat	
Principal Plac	e of Business	Mailing Address			
5005 W LAU	REL STREET	5005 W LAUREL STREET			
114 Tampa, FL	33607 ŪS	114 Tampa, Fl 33607 US			
I IAMVIEN, IL V	33007 03	==	:!		
				!	
			^=	01122005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied Fo	
			•	59-3188901   Not Applic	
				5. Certificate of Status Desired   \$8.75 Additional Fee Regulated	
	6. Name and Address of Current R	egistered Agent		, reprince	
			7		
SHEETS, RANDY				DO NOT WRITE	
4919 SAN RAFAEL ST TAMPA, FL 33629				·	
175001-75	2 33023			IN THIS SPACE	
<b>9 T</b>	and additional to the acateman for	the newport of abanding its register	rod office or register	exact areast or both in the State of Borida. Lam familiar with and ac	
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 an	d'title if applicable (NOTE Register	od Agent signature required	ed when reinstaling) DATE	
	E NOW!!! FEE IS \$150.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>	incing \$5.	5.00 May Be	
After M	ay 1, 2005 Fee will be \$550.0	index raind contribution.	·		
10.	_OFFICERS AND D	IRECTORS	_		
TITLE	P CHEETE DANDY C				
, name Street address	SHEETS, RANDY G 4919 SAN RAFAEL ST	+ 50	•	A SEC A ME NO DE CONTRACTOR DE LA CONTRA	
CITY-ST-ZIP	TAMPA, FL 33629	<u></u>		UQQQQQ242506	
TITLE	ST			02/25/05-80001-014 150.00	
NAME	HENDRICKSON, DAVID M		1		
STREET ADDRESS	11746 LIPSEY RD		1	,	
CITY-ST-ZIP	TAMPA, FL 33618		-		
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STREET ADDRESS			1		
CITY-ST-ZIP		<u></u>	24 <del></del>	The state of the s	
12.   hereby	certify that the information supplied with t	his filing does not qualify for the exe	emption stated in Se	Section 119 07(3Vi) Florida Statutes, I further certify that the informati	
indicated on this report of 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: Kanchy D. Storts Kandy G. Sheets 2/4/05 813.282.0028					
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