2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000078131

Entity Name
APPRAISAL ASSOCIATES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
2201 HOWARD DR	2201 HOWARD DR
WINTER PARK, FL 32789 US	WINTER PARK, FL 32789 US

DO NOT WRITE IN THIS SPACE

FILED
Apr 01, 2004 08:00 AM
Secretary of State

03292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3211003	Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, DAWNA G
2201 HOWARD DR
WINTER PARK, FL 32789

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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 _____   3-29-04

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, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTS
NAME	RILEY, DAWNA G
STREET ADDRESS	2201 HOWARD DR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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04/01/04-80014-017 150.00

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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: _____ Dawna Riley 3-29-04 407-647-310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #