04/30/2004 14:57 9046770335 JOSEPH A ROTH

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91256 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000021757

1. Entity Name
MID-FLORIDA APPRAISAL, INC.

Principal Place of Business	Mailing Address
1736 INDIANA WINTER PARK, FL 32789	501 N. ORLANDO AVE PO BOX 313-126 WINTER PARK, FL 32789
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3231821
☐ Applied F[illegible]
☐ Not Applic[illegible]

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

6. Name and Address of Current Registered Agent

BATTLE, DAVID O JR
1736 INDIANA
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ac[cept] the obligations of registered agent.

SIGNATURE ________ 4/29/04
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	PD	☐ Delete
NAME	BATTLE, DAVID O JR	
STREET ADDRESS	1736 INDIANA	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	☐ Delete
NAME	SMITH, KEITH D	
STREET ADDRESS	125 E. GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]

TITLE		☐ Change ☐ A[dd]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[dd]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[dd]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[dd]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[dd]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[dd]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 informa[tion] 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 dire[ctor] 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: ________