

2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000073476					
1. Entity Name F.T.S. REAL ESTATE APPRAISALS & CONSULTING, INC.					
Principal Place of Business 6688 HOULTON CIRCLE LAKE WORTH FL 33467 US			Mailing Address 6688 HOULTON CIRCLE LAKE WORTH FL 33467 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0560504	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, FRED T 6688 HOULTON CIRCLE LAKE WORTH FL 33467			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 accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when terminating.)					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, FREDERICK T 6688 HOULTON CIRCLE LAKE WORTH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000839267 03/06/08-80001-012 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **FRED T. SMITH** **2/21/08** **(561) 967-9373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #