

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90061 013 \*\*\*158.75

**DOCUMENT # P95000043867**



1. Entity Name

STAFF APPRAISAL SERVICE OF ORLANDO, INC.

Principal Place of Business

15855 OLD CHENEY HIGHWAY  
 ORLANDO FL 32833

Mailing Address

15855 OLD CHENEY HIGHWAY  
 ORLANDO FL 32833

2. Principal Place of Business

10509 MARY LOU DRIVE

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

ORLANDO FL

City & State

4. FEI Number

59-3315099

Applied For

Not Applicable

Zip

32825

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, WILLIAM B  
 15855 OLD CHENEY HIGHWAY  
 ORLANDO FL 32833

7. Name and Address of New Registered Agent

Name LADONNA L. STAFFORD  
 Street Address (P.O. Box Number is Not Acceptable)  
15855 OLD CHENEY HIGHWAY  
 City ORLANDO FL Zip Code 32833

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. LADONNA L. STAFFORD

SIGNATURE

Ladonna L. Stafford

4/19/04

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**  
**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STAFFORD, WILLIAM B	
STREET ADDRESS	15855 OLD CHENEY HIGHWAY	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, LADONNA L	
STREET ADDRESS	15855 OLD CHENEY HIGHWAY	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	<del>ERIN M. FORBIS</del>	<input type="checkbox"/> Delete
NAME	<del>15855 OLD CHENEY HIGHWAY</del>	
STREET ADDRESS	<del>ORLANDO FL 32833</del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIN M. FORBIS	
STREET ADDRESS	15855 OLD CHENEY HIGHWAY	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: LADONNA L. STAFFORD  
Ladonna L. Stafford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (407)382-2359

Date Daytime Phone #