2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P95000043867 1. Entity Name 04-21-2004 90061 013 ***158.75 STAFF APPRAISAL SERVICE OF ORLANDO, INC. Principal Place of Business Mailing Address 15855 OLD CHENEY HIGHWAY ORLANDO FL 32833 15855 OLD CHENEY HIGHWAY ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address 0509 MARY LOY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State Applied For ORLANDO 59-3315099 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ONNA L. STAFFORD-STAFFORD, WILLIAM B 15855 OLD CHENEY HIGHWAY ORLANDO FL 32833 Zip.Code 833 DRLANDO 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Delete STAFFORD, WILLIAM B NAME NAME STREET ADDRESS 15855 OLD CHENEY HIGHWAY STREET ADDRESS CITY-ST-7IP ORLANDO FL 32833 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STAFFORD, LADONNA L NAME NAME 15855 OLD CHENEY HIGHWAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32833 CITY-ST-ZIP ---CITY-ST-78P TITLE TERIN M. FORbis TITLE ERIN M. FORBIS NAME NAME 15855 OLD CHENEY HIGHWAY 15855 OLD CHENEY HIGHWAY STREET ADDRESS STREET-ADDRESS F1 32833 F1 32833 ORLANDO CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED