2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P95000059188 1. Entity Name FLORIDA ACQUISITION & APPRAISAL, INC.						03-18-2005	5 90066 (036 ***15	0.00	
Principal Place of Business Mailing Address			<u></u>				. 			
2109 E. PALM AVENUE Suite 104		2109 E. PALM AVENUE Suite 104			20022665					
		TAMPA, FL 33605 US		, 	ININA NAME NOVIA NAME NA	IIII 63)]] 81113	 			
2. Principal Place of Business 3.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01132005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Numbe 59-333			———	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
CURATELLI, JOHN JR			Name	Name						
	ALM AVENUE		Street Addre		(P.O. Box Number is Not Acceptable)					
TAMPA, FL 33605										
			City				FI	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	register	ed agent, or bot	h, in the State of F	lorida. I an	n familiar with,	and accept	
SIGNATURE_			,							
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signati	ure required	f when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contrit	~ -		.00 May Be ed to Fees					
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PCTD CURATELLI, JR., JOHN J 8301 MARBELLA BLVD. APOLLO BEACH, FL 33572	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	يا	509 St	EABIRD	VAW	⊠ Change	☐ Addition	
TITLE	SD /	⊠ Delete	TITLE	51	Ь		·	☐ Change	Addition	
NAME STREET ADDRESS	KING, SHERRY G 1405 GUZE STREAM CIRCLE #20	Λ1	NAME Street Address	_		. JOSLIN				
CITY-ST-ZIP	BRANDON, PL 33511	01	CITY-ST-ZIP			erhius ? Erace ,		33617		
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	HOBBY, PHILIP R 345 18TH AVE NE		NAME STREET ADDRESS						. ————	
CITY-ST-ZIP	ST PETERSBURG, FL 33704		CITY-ST-ZIP							
TITLE	V \	Delete	TITUE				<u> </u>	☐ Change	☐ Addition	
NAME STREET ADDRESS	TAYLOR, SANDRA I 6092 PLEASANT FIELD DRIVE		NAME STREET ADDRESS						-	
CITY-ST-ZIP	GREENSBORO, NC 27455		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME Street Address							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE	,	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			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 any address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR