## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000059188

Title:

Name:

Address:

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**VPDS** 

(X) Delete

8306 N. RTIVER OAKS COURT

BOWMAN, NICHOLAS E

TAMPA, FL 33617

Entity Name: FLORIDA ACQUISITION & APPRAISAL, INC.

FILED Apr 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2109 E. PALM AVENUE SUITE 104 TAMPA, FL 33605 **New Mailing Address: Current Mailing Address:** 2109 E. PALM AVENUE SUITE 104 TAMPA, FL 33605 US FEI Number: 59-3331947 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CURATELLI, JOHN J JR 2109 E. PALM AVENUE SUITE 104 TAMPA, FL 33605 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCTD ( ) Delete Title: () Change () Addition Name: CURATELLI, JR., JOHN J Name: 6509 SEABIRD WAY Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: EARLS, JOSEPH M Name: 132 WILDWOOD TRAIL Address: Address: PETAL, MS 39465 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition VPDT () Delete **VPDS** EARLS, JOSEPH M BOWMAN, NICHOLAS E Name: Name: 132 WILDWOOD TRAIL 8306 N. RIVER OAKS COURT Address: Address: City-St-Zip: PETAL, MS 39465 City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN J CURATELLI JR PCTD 04/28/2008

() Change () Addition