



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90003 013 ***150.00

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DOCUMENT # P95000068387 1. Entity Name AGRIAPPRAISAL, INC.					
Principal Place of Business 207 SOVEREIGN CT ALTAMONTE SPGS, FL 32701 US			Mailing Address 207 SOVEREIGN CT ALTAMONTE SPGS, FL 32701 US		
2. Principal Place of Business 370 Center Pointe Circle Suite, Apt. #, etc. Suite 1116 City & State Altamonte Springs, FL Zip 32701 Country Seminole		3. Mailing Address 370 Center Pointe Circle Suite, Apt. #, etc. Suite 1116 City & State Altamonte Springs, FL Zip 32701 Country Seminole			
05022005 Chg-P CR2E034 (10/03)				4. FEI Number 59-3332056	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, DARYL W 207 SOVEREIGN CT ALTAMONTE SPGS, FL 32701			7. Name and Address of New Registered Agent Name Williams Daryl W Street Address (P.O. Box Number is Not Acceptable) 370 Center Pointe Circle Suite 1116 City Altamonte Springs FL Zip Code 32701		
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: <u>Daryl W. Williams</u> DATE: <u>8/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLIAMS, DARYL W 207 SOVEREIGN COURT ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
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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: <u>Daryl W. Williams</u> DATE: <u>8/12/05</u> DAYTIME PHONE: <u>407 265-1455</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		