2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000080877

1. Entity Name
TOTAL APPRAISAL SERVICE CORP.

Principal Place of Business	Mailing Address
478 MACGREGOR ROAD	478 MACGREGOR ROAD
WINTER SPRINGS, FL 32708 US	WINTER SPRINGS, FL 32708 US

DO NOT WRITE IN THIS SPACE

01312008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3350000	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARENGO, ANGEL M
478 MACGREGOR RD
WINTER SPRINGS, FL 32708

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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 _____

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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARENGO, ANGELA M
STREET ADDRESS	478 MACGREGOR ROAD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	ST
NAME	MARENGO, CARMEN
STREET ADDRESS	478 MACGREGOR ROAD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   1/31/08   407-327-3570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #