
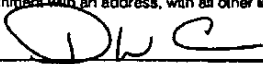


FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90029 035 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000097450		
1. Entity Name ACCURATE APPRAISAL SERVICE, INC.		
Principal Place of Business 7865 ST ANDREWS ROAD LAKE WORTH, FL 33467		Mailing Address 7865 ST ANDREWS ROAD LAKE WORTH, FL 33467
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COWAN, DAVID 7865 ST ANDREWS ROAD LAKE WORTH, FL 33467		04052005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0631651
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		9. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
FILE NOW!!! FEE IS \$180.00! After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COWAN, DAVID 7865 ST ANDREWS ROAD LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Deputy Phone #