2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90435 035 ***150.00

DOCUMENT # P96000000990

1. Entity Name
APPRAISAL WORKSHOP, INC.

Principal Place of Business	Mailing Address
22 SE 4 STREET #210 BOCA RATON, FL 33432	22 SE 4 STREET #210 BOCA RATON, FL 33432

02192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4994 Pinot Street	4994 Pinot Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockledge, FL	City & State: Rockledge, FL
Zip: 32955-5164 Country: US	Zip: 32955-5164 Country: US

4. FEI Number: 65-0630264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEHN, JOYCE R
22 S.E. FOURTH STREET
SUITE 210
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Dehn, Joyce R.
Street Address (P.O. Box Number is Not Acceptable): 4994 Pinot Street
City: Rockledge FL Zip Code: 32955-5164

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] Joyce R. Dehn President 4/27/2005
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DEHN, JOYCE R	NAME	
STREET ADDRESS	22 SE 4 STREET #210	STREET ADDRESS	4994 Pinot Street
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	Rockledge, FL 32955-5164
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		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 an address, with all other like empowered.

SIGNATURE: [signature] Joyce R. Dehn President 4/27/2005 954-422-9643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #