

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90325 039 \*\*\*158.75

**DOCUMENT # P96000002201**

1. Entity Name

**DIRECT ONLINE APPRAISAL SERVICES INC.**



Principal Place of Business

**2000 BANKS RD STE 201F  
MARGATE FL 33063  
US**

Mailing Address

**3341 NW 22ND COURT  
COCONUT CREEK FL 33066  
US**

**54031209**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**7549 THORNLEE DR**

Suite, Apt. #, etc.

3. Mailing Address

**7549 THORNLEE DR**

Suite, Apt. #, etc.

City & State

**LAKE WORTH FL**

City & State

**LAKE WORTH, FL**

Zip

**33467**

Country

Zip

**33467**

Country

4. FEI Number

**65-0634884**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REICH, LAURA  
3341 NW 22ND COURT  
COCONUT CREEK FL 33066**

ADDRESS  
CHANGE

7. Name and Address of New Registered Agent

Name

**REICH, LAURA**

Street Address (P.O. Box Number is Not Acceptable)

**7549 THORNLEE DR**

**LI**

City

**LAKE WORTH**

**FL**

Zip Code

**33467**

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

*Laura Reich*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-5-04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **REICH, KENNETH**  
STREET ADDRESS **3341 NW 22 CT**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
NAME **REICH KENNETH**  
STREET ADDRESS **7549 THORNLEE DR**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Kenneth A. Reich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-5-04 561-304-4663**