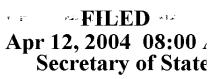
ION

2004 FOR PROFIT CORPORAT ANNUAL REPORT							
DOCUMENT # P96000079017 1. Entity Name EXECUTIVE APPRAISAL AND CONSULTING INC.							
Principal Place of Business	Mailing Address						
23071 DEER FLY ROAD	23071 DEER FLY ROAD						
BROOKSVILLE, FL 34602	BROOKSVILLE, FL 34602						







			71.00		_	
Principal Place 23071 DEER BROOKSVILLI	FLY ROAD 2	uiling Address 3071 DEER FLY ROAD ROOKSVILLE, FL 34602				
		<u> </u>	<u></u>			
				01052004	No Chg-P	CR2E034 (10/03)
D	O NOT WRITE IN	N THIS SPAC	CE	4. FEI Number		Applied For
				59-34059 5. Certificate of		Not Applicable \$8.75 Additional
	6. Name and Address of Current Regia	lered Agent		5. Certificate of	Status Desired	Fee Required
MAURIFUL	O, ANTHONY J			DO 1	OT WE	15
23071 DEER FLY ROAD BROOKSVILLE, FL 34602			DO NOT WRITE			
DI (COING)	ICCC, 1 C 07002			IN T	HIS SPA	ACE
	named entity submits this statement for the poons of registered agent.	surpose of changing its registere	d office or register	red agent, or both,	in the State of Florid	a. I am familier with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	Agent signature required	d when reinstation!		DATE
	E NOWILL FEE IS \$150.00	Election Campaign Finan Trust Fund Contribution.	cing \$5	.00 May Be		
	ay 1, 2004 Fee will be \$550.00 OFFICERS AND DIREC			160 10 1 663		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURIELLO, ANTHONY J 23071 DEER FLY ROAD BROOKSVILLE, FL 34602	TOPS			U000001 04/12/04-6	.09503 .0046-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURIELLO, MARY E 23071 DEER FLY ROAD BROOKSVILLE, FL 34602					33.33
TITLE NAME STREET AGORESS GITY-ST-ZIP				DO I	NOT WE	RITE
title Name Street Address City-St-Zip				IN T	HIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 a supplemental true tike empowered.						
SIGNATURE: 1 / Court ANTHONY J. MAURIELLO 4-6-2004 352-799-0773						