


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000090726**  
 1. Entity Name  
**BMR APPRAISALS, INC.**



Principal Place of Business      Mailing Address  
 425 WEST COLONIAL DRIVE #303      425 WEST COLONIAL DRIVE #303  
 ORLANDO, FL 32804      ORLANDO, FL 32804

**DO NOT WRITE IN THIS SPACE**



08212008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3411475</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAUL, DAVID L**  
**425 W COLONIAL DR, STE 303**  
**ORLANDO, FL 32804**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE 8-21-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELL, BARBARA B 425 WEST COLONIAL DRIVE #303 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MAUL, DAVID L 425 W COLONIAL DR, STE 303 ORLANDO, FL 32804
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 08/25/08-80005-012 150.00

**DO NOT WRITE IN THIS SPACE**

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: DAVID L MAUL      8-21-08      407-422-5631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #