2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Mar 04, 2005 8:00 am Secretary of State **DOCUMENT # P97000003907** 03-04-2005 90090 034 ***150.00 PIERSON APPRAISAL GROUP, INC. Principal Place of Business Mailing Address 40020717 PIERSON APPRAISAL GROUP INC. PIERSON APPRAISAL GROUP INC. 6700 S. FLORIDA AVE SUITE 11 6700 S. FLORIDA AVE SUITE 11 LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3418505 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PIERSON, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 5019 HIGLANDS-BY-THE-LAKE DRIVE LAKELAND, FL 33813 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition **PVPS** ☐ Delete ☐ Change TITLE PIERSON, BRADLEY NAME 5019 HIGHLANDS-BY-THE-LAKE DRIVE STREET ADDRESS STREET ADORESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ary attachment with an address, with all other the empowered.

FILED

Daytime Phone