


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90102 027 ***150.00

DOCUMENT # P97000049498
 1. Entity Name
GLM APPRAISAL SERVICES, INC.



Principal Place of Business Mailing Address
6506 N FLA AVE #204 TAMPA FL 33604 **6506 N FLA AVE #204 TAMPA FL 33604**

2. Principal Place of Business 3. Mailing Address
6506 N. FLA. AVE **6506 N FLA AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
204 **204**

City & State City & State
Tampa, FL **Tampa FL**
 Zip Country Zip Country
33604 USA **33604 USA**



MOORE CR2E034 (11/03)

4. FEI Number **59-3452179** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LATTER, GREGG
6506 N FLA AVE #204
TAMPA FL 33604

7. Name and Address of New Registered Agent
 Name **LATTER, GREGG**
 Street Address (P.O. Box Number is Not Acceptable) **6506 N. FLA AVE # 204**
 City **Tampa** FL Zip Code **33604**

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 **GREGG LATTER** (NOTE: Registered Agent signature required when reinstating) DATE **1/21/04**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATTER, GREGG 7206 CREEKWOOD COURT TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **GREGG LATTER** DATE **1/21/04** DAYTIME PHONE # **813-236-8300**