## 2008 FOR PROFIT CORPORATION

## **FILED** Mar 03, 2008 08:00 A Secretary of State

Jan 1

ANNO	AL REPORT			
DOCUMENT # P97000 1. Entity Name ARM APPRAISAL SERVICE, IN				
		i iii		
Principal Place of Business	Mailing Address			
124 SO MAIN STREET BROOKSVILLE, FL 34601	124 SO MAIN STREET BROOKSVILLE, FL 34601			



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZOUDEK DANDOLDUD

02252008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3465950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

124 SO M	AIN STREET /ILLE, FL 34601			THIS SPACE
	named entity submits this statement for the jons of registered agent			oth, in the State of Florida. I am familiar with, and accept
, ,	Signature typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature required when reinstating)	The second of the Control of the Con
FIL.	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		Leptons of the state of the sta
TITLE NAME STREET ADDRESS CHY-SI-ZIP	OFFICERS AND DIRECT P	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				us/t8/U8-8UUU/-065 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	A fit of the contraction supplied with this fi	ing does not putify for the eve	William Control of Change 11	9 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:

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #