## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

GEARLD W. MARTIN

## Jan 31, 2005 08:00 AM Secretary of State DOCUMENT # P97000091015 1. Entity Name MARTIN & ASSOCIATES APPRAISAL SERVICE, OF SW FL. INC. Principal Place of Business Mailing Address 3728 SANTA BARBARA BLVD 3728 SANTA BARBARA BLVD **UNIT 101** CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0789789 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, GERALD W Street Address (P.O. Box Number is Not Acceptable) 3728 SANTA BARBARA BLVD #101 CAPE CORAL FL 33914 Zip Code City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TABLE TITLE PST Delete MARTIN, GERALD W CAME NAME STREET ADDRESS 3728 SANTA BARBARA BLVD 103 STREET ADDRESS 1964/1960/2014/845 CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP けんかんから一部0021-0112 changの □ Addition Delete me THE NAME JIREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P ☐ Addition Change HILE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition HILE ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7P CITY-ST-ZIP Change Addition HILE □ Delete TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CatA-21-SIN CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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

FILED