

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90177 040 ***150.00

DOCUMENT # P98000044548					
1. Entity Name RUSSELL APPRAISAL GROUP, INC.					
Principal Place of Business 5331 COMMERCIAL WAY STE 101 SPRING HILL, FL 34607			Mailing Address PO BOX 6197 SPRING HILL, FL 34611		
2. Principal Place of Business - No P.O. Box # 11453 Salters St.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Spring Hill, FL		City & State		4. FEI Number 59-3512077	
Zip 34609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, SCOTT 5331 COMMERCIAL WAY STE 101 SPRING HILL, FL 34607			7. Name and Address of New Registered Agent Name <u>Russell, Scott</u> Street Address (P.O. Box Number is Not Acceptable) <u>11453 Salters St.</u> City <u>SPRING HILL</u> <u>FL</u> Zip Code <u>34609</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Scott Russell President</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3-30-07</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	DPST RUSSELL, SCOTT 5331 COMMERCIAL WAY STE 101 SPRING HILL, FL 34607		<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"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Scott Russell</u> <small>Date</small>		<u>3-30-07 352-686-3976</u> <small>Daytime Phone #</small>	

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