


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 027 ***150.00

DOCUMENT # P98000045735 1. Entity Name DAMKOEHLER APPRAISAL SERVICES, INC.					
Principal Place of Business 6817 CENTRAL AVENUE SAINT PETERSBURG, FL 33710 US			Mailing Address 6817 CENTRAL AVENUE SAINT PETERSBURG, FL 33710 US		
2. Principal Place of Business 6000 Gulfport Blvd. S. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 47923 Suite, Apt. #, etc.			
City & State Gulfport, FL Zip 33707		City & State St. Petersburg, FL Zip 33743		4. FEI Number 59-3516855	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMKOEHLER, ELIZABETH A 6817 CENTRAL AVENUE SAINT PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6000 Gulfport Blvd. S. City Gulfport FL Zip Code 33707	
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><i>Elizabeth A. Damkoehler</i></u> DATE <u>5-17-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMKOEHLER, ELIZABETH A 5904 BAYVIEW CIRCLE S. GULFPORT, FL 33707	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMKOEHLER, SHAWN C 5904 BAYVIEW CIRCLE S. GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Elizabeth A. Damkoehler</i></u>		<u>5-17-05</u> <u>727-344-7585</u> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			