

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90027 012 ***150.00

DOCUMENT # P98000045735

1. Entity Name
DAMKOEHLER APPRAISAL SERVICES, INC.



Principal Place of Business Mailing Address
6000 GULFPORT BLVD S P O BOX 47923
SAINT PETERSBURG, FL 33707 US SAINT PETERSBURG, FL 33743 US

40066310

2. Principal Place of Business - No P.O. Box #
5951 Bayview Cir. S.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Gulfport, FL

City & State

04072008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3516855

Applied For
Not Applicable

Zip Country
33707 Pinellas

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMKOEHLER, ELIZABETH A
6000 GULFPORT BLVD S
SAINT PETERSBURG, FL 33707

5951 Bayview Cir. S.
Gulfport, FL 33707

Name
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Elizabeth A. Damkoehler* **Elizabeth A. Damkoehler**

4-9-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 ☐ Delete
NAME **O**
STREET ADDRESS **DAMKOEHLER, ELIZABETH A**
CITY-ST-ZIP **5951 BAYVIEW CIRCLE S**
SAINT PETERSBURG, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Elizabeth A. Damkoehler* **Elizabeth A. Damkoehler** **4-9-08** **727-641-4009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #