

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000045763

1. Entity Name
A + APPRAISALS, INC.



Principal Place of Business

**1609 E. VINE ST.
SUITE C
KISSIMMEE, FL 34744**

Mailing Address

**P.O. BOX 422872
KISSIMMEE, FL 34742-2872**

DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3513043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHERER, DAVID M
3230 HAWKS RIDGE POINT
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

**U000000106048
04/07/04-80050-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

LUND, JANET H

STREET ADDRESS

1563 ELY COURT

CITY - ST - ZIP

KISSIMMEE, FL 34744

TITLE

D

NAME

SCHERER, DAVID M

STREET ADDRESS

3230 HAWKS RIDGE PT.

CITY - ST - ZIP

KISSIMMEE, FL 34741

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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: David Scherer - David Scherer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

407-518-7800

Daytime Phone #