

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000071502	
1. Entity Name EAGLE APPRAISALS, INC.	

Principal Place of Business 5703 RED BUG LAKE RD., SUITE 113 WINTER SPRINGS FL 32708	Mailing Address 5703 RED BUG LAKE RD., SUITE 113 WINTER SPRINGS FL 32708
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1st MOORE CR2E034 (10/07)

4. FBI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KALAMAN, MICHAEL R 5703 RED BUG LAKE RD., SUITE 113 WINTER SPRINGS FL 32708
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 must be printed and signed by the registered agent or authorized representative of the registered agent.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete KALAMAN, BRENDA E 5703 RED BUG LAKE RD., SUITE 113 WINTER SPRINGS FL 32708
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete KALAMAN, MICHAEL R 5703 RED BUG LAKE RD., SUITE 113 WINTER SPRINGS FL 32708
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000000925450 05/20/08-80026-019 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brenda E. Kalaman Brenda E. Kalaman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR