2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000095232

1. Entity Name SWIGER APPRAISAL, INC.

FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

208 E 11TH AVE MOUNT DORA, FL 32757 Mailing Address

208 E 11TH AVE MOUNT DORA, FL 32757



DO NOT WRITE IN THIS SPACE

02132004 No Cha-P

IN THIS SPACE

CR2E034 (10/03)

4. FEI Number 59-3551739

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE 33241 E. LAKE JOANNA DRIVE **EUSTIS, FL 32736**

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.

SWIGER, BOB

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

6. Name and Address of Current Registered Agent

(NOTE, Registered Agent signature required when reinstating)

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

1100000127499 04/23/04-80076-018 158.75

10. OFFICERS AND DIRECTORS PST TITLE NAME SWIGER, BOB 33241 E. LAKE JOANNA DRIVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

DO NOT WRITE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

752 7382814

Daytime Phone #