

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000018108

1. Entity Name

D & D REAL ESTATE APPRAISALS, INC.



Principal Place of Business

**177 N US HWY ONE
290
JUPITER FL 33469**

Mailing Address

**177 N US HWY ONE
290
JUPITER FL 33469**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number **65-0899903**

Applied For
Not Applicable

Zip

Country

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

**LERMAN, DARLENE
177 N US HWY ONE
290
JUPITER FL 33469**

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 _____
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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LERMAN, DARLENE A	
STREET ADDRESS	177 N US HWY ONE, # 290	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LERMAN, DAVID R	
STREET ADDRESS	177 N US HWY ONE, # 290	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

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CITY-ST-ZIP		

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02/07/08-80010-015 150.00

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: Darlene A Lerman Darlene A Lerman 1/28/08 561-262-3507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #