


**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P99000022137**

1. Entity Name  
 MAHER APPRAISALS, INC.



Principal Place of Business      Mailing Address

813 W GOVERNMENT STREET      813 W GOVERNMENT STREET  
 PENSACOLA, FL 32501              PENSACOLA, FL 32501

44004679



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

01232004      Chg-P      CR2E034 (10/03)

City & State                              City & State

4. FEI Number                              Applied For  
 59-3562422                                  Not Applicable

Zip                      Country                      Zip                      Country

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

**6. Name and Address of Current Registered Agent**

MAHER, KAREN P  
 3287 CABOT COVE RD  
 NAVARRE, FL 32566

**7. Name and Address of New Registered Agent**

Name      *Kevin E Maher VP*

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

*813 W. Government St*

City      *Pensacola*      FL      Zip Code *32501*

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      *K E Maher VP*      *Kevin E Maher*      *1-22-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAHER, KEVIN	
STREET ADDRESS	813 W GOVERNMENT STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAHER, KAREN	
STREET ADDRESS	813 W GOVERNMENT STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	<del>MAHER, KAREN P</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen P. Maher	
STREET ADDRESS	813 W Government St	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin E Maher	
STREET ADDRESS	813 W Government St	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:      *K E Maher VP*      *1-22-04*      *850-437-0044*

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #