2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# P99000025198

Entity Name: FLORIDA ASSOCIATED APPRAISERS, INC.

Current Principal Place of Business:

6519 SENEGAL PALM WAY
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

6519 SENEGAL PALM WAY
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 59-3674453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSSMAN, ROBERT L SR
6519 SENEGAL PALM WAY
APOLLO BEACH, FL 33572

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CROSSMAN, ROBERT L SR
Address: 6519 SENEGAL PALM WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP ( ) Delete
Name: CROSSMAN, LYLA BEARD
Address: 6519 SENEGAL PALM WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BRERETON, SUSAN
Address: 6519 SENEGAL PALM WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: T ( ) Change (X) Addition
Name: GONZALEZ, RUBEN
Address: 2109 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33603

Title: S ( ) Change (X) Addition
Name: SATIN, MICHAEL L
Address: 3935 BAY VIEW AVE
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Change (X) Addition
Name: JENSON, JOHN H
Address: 2939 FOREST CIR
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L CROSSMAN SR PRES 04/15/2004

Electronic Signature of Signing Officer or Director — Date