


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000036412</b> 1. Entity Name G.M.G. APPRAISAL SERVICES, INC.	
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06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0935563	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

SCHMIDT, RON  
235 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, GREGG M 11071 AUTORO CT BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, MEL 11071 AUTORO CT BOCA RATON, FL 33498
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U00000370214  
07/05/05-80006-023 550.00

**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)(f), 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: Mel Goldberg 6/30/2005 561-952-1958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #