


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000071584 1. Entity Name SHINDELAR APPRAISAL SERVICES, INC.	
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Principal Place of Business 1209 NE 18TH PLACE CAPE CORAL, FL 33909	Mailing Address 1209 NE 18TH PLACE CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0958194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SHINDELAR, H. RICHARD 1209 NE 18TH PLACE CAPE CORAL, FL 33909
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000134295 04/28/04-80012-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHINDELAR, RICHARD S 1209 NE 18TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHINDELAR, RICHARD H 1209 NE 18TH PL CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHINDELAR, VERA I 1209 NE 18TH PL CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Vera I. Shindelar Secy Inc. 4/26/04 239-574-7357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR