


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000071584	
1. Entity Name SHINDELAR APPRAISAL SERVICES, INC.	

Principal Place of Business 1209 NE 18TH PLACE CAPE CORAL, FL 33909	Mailing Address 1209 NE 18TH PLACE CAPE CORAL, FL 33909
---	---

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0958194	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" 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	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

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	

U000000370749
07/05/05-80030-008 558.75

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)(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: *[Signature]* 06/06/05 338 524-2354