

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90096 042 \*\*\*150.00

**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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0958194

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHINDELAR, H. RICHARD  
1209 NE 18TH PLACE  
CAPE CORAL, FL 33909

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME SHINDELAR, RICHARD S  
STREET ADDRESS 1209 NE 18TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE VP ☒ Delete  
NAME SHINDELAR, RICHARD H  
STREET ADDRESS 1209 NE 18TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ST ☐ Delete  
NAME SHINDELAR, VERA I  
STREET ADDRESS 1209 NE 18TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE P ☒ Change ☐ Addition  
NAME Shindelar Harry R  
STREET ADDRESS 1209 NE 18TH PL  
CITY-ST-ZIP Cape Coral, FL 33909

TITLE VP ☒ Change ☐ Addition  
NAME Shindelar Richard J.  
STREET ADDRESS 1209 NE 18TH PL  
CITY-ST-ZIP Cape Coral, FL 33909

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *H. Richard Shindelar* H. RICHARD SHINDELAR 4/17/08 334-574-7354