2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P99000101703

Entity Name: MARYANN OSTOLAZA APPRAISAL SERVICES, INCORPORATED

Current Principal Place of Business:

5631 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

New Principal Place of Business:

6240 SHIRLEY ST
#205
NAPLES, FL 34109 US

Current Mailing Address:

5631 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0974492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTOLAZA, MARYANN
5631 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

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: OSTOLAZA, MARYANN
Address: 5631 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete
Name: OSTOLAZA, EDWARD
Address: 5631 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARYANN OSTOLAZA PRES 04/14/2005

Electronic Signature of Signing Officer or Director Date