


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90244 036 ***150.00

DOCUMENT # S06101 1. Entity Name APPRAISAL SERVICES OF CENTRAL FLORIDA, PROFESSIONAL ASSOCIATION					
Principal Place of Business ONE FLA. PARK DR NORTH, STE 101B PALM COAST FL 32137			Mailing Address ONE FLA. PARK DR NORTH, STE 101B PALM COAST FL 32137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, RICHARD S. 543 S RIDGEWOOD AVE DAYTONA BEACH FL 32118			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSIE, E. RODNEY		NAME		
STREET ADDRESS	935 N HALIFAX #507		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	DVT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAUMAN, ROBERT B. JR		NAME		
STREET ADDRESS	1941 N DAYTONA AVE		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert B. Nauman Jr</i>			4-30-04 386-445-6888 Date Daytime Phone #		

14066673



MOORE CR2E034 (11/03)

4. FEI Number **59-3051204** Applied For ☐ Not Applicable ☐

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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Make Check Payable to Florida Department of State

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SIGNATURE: *Robert B. Nauman Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 386-445-6888
Date Daytime Phone #