


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # S21317
 1. Entry Name
AUTO DAMAGE APPRAISAL, INC.



Principal Place of Business Mailing Address
14670 NE 203RD ST **14670 NE 203RD ST**
FT. MCCOY, FL 32134 **FT. MCCOY, FL 32134**



01252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3049923 Not Applicable

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

6. Name and Address of Current Registered Agent
CRAWFORD, ROBERT B., SR.
14670 NE 203RD ST
FT MCCOY, FL 32134

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000045803
 02/11/04-80078-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAWFORD, ROBERT B., SR.
STREET ADDRESS	14670 NE 203RD ST.
CITY-ST-ZIP	FT. MCCOY, FL 32134
TITLE	D
NAME	CRAWFORD, GAIL J.
STREET ADDRESS	14670 NE 203RD ST.
CITY-ST-ZIP	FT. MCCOY, FL 32134
TITLE	D
NAME	CRAWFORD, ROBERT B., JR.
STREET ADDRESS	14670 NE 203RD ST.
CITY-ST-ZIP	FT. MCCOY, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: *Robert B. Crawford* **Robert B. Crawford** Date: **1-25-04** Daytime Phone #: **352-546-323**