2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S55258

1. Entity Name

DEANGELIS APPRAISAL & CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
202-C GEORGETOWN DR. CASSELBERRY FL 32707 US	P O BOX 909 CASSELBERRY FL 32790 US

MOORE   CR2E034 (11/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number   59-3065562   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required
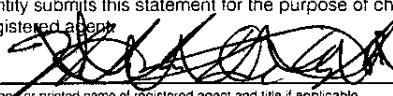
6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
DEANGELIS, NICHOLAS 202-C GEORGETOWN DR. CASSELBERRY FL 32707	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____   DATE 3/13/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST ☐ Delete NAME DEANGELIS, NICHOLAS STREET ADDRESS 202-C GEORGETOWN DR. CITY-ST-ZIP CASSELBERRY FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD ☐ Delete NAME DEANGELIS, NICHOLAS STREET ADDRESS 202-C GEORGETOWN DR. CITY-ST-ZIP CASSELBERRY FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   3/13/04   405-335-5361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #