

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26654

FILED
Jan 29, 2009
Secretary of State

Entity Name: FLORIDA APPRAISERS & CONSULTANTS, INC.

Current Principal Place of Business:

1183 OLD DIXIE HWY.
SUITE B
LAKE PARK, FL 33403

New Principal Place of Business:

1339 S KILLIAN DR
SUITE 6
LAKE PARK, FL 33403

Current Mailing Address:

P.O. BOX 530398
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 65-0331131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, J. RICHARD
4400 PGA BLVD
8TH FLOOR
PALM BEACH GARDENS, FL 33410 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: DV () Delete
Name: FALLON, CAROLINE L.,
Address: 711 HUMMINGBIRD WAY #102
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DPST () Delete
Name: FALLON, JAMES L.,
Address: 711 HUMMINGBIRD WAY #102
City-St-Zip: NORTH PALM BEACH, FL 33408

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 exemption stated 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 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: JAMES L. FALLON

DPST

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date