2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 03, 2006 08:00 AN te

DOCUMENT # P03000043574	Secretary of St
1. Entity Name EXECUTIVE APPRAISALS, INC.	
Principal Place of Business Mailing Address 28946 LONGMEADOW LOOP 28946 LONGMEADOW LOOI WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 3354	13.
DO NOT WRITE IN THE CR	06272006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA	4. FEI Number Applied For 54-2105269 Not Applicable
	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
FARMER, ANTHONY 28946 LONGMEADOW LOOP WESLEY CHAPEL, FL 33543	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered again. 1. The above named entity submits this statement for the purpose of changing its registered again.	jistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
1/28/mm Hoth	ony Farmer President
	gistered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F Due by September 6, 2006 Trust Fund Contribut	
10. OFFICERS AND DIRECTORS	
TITLE PD NAME FARMER, ANTHONY	
STREET ADDRESS CITY-SI-ZIP WESLEY CHAPEL, FL 33543	U00000567844
INE	07/03/06-80001-019 150.00
NAME STREET ADDRESS	
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CITY-ST-ZIP	
TITLE NAME	
NAME STREET ADDRESS	
CITY-SI-ZIP	he examples contained in Chapter 110. Claride Clab doc. I finisher continue that the information
1.6. I nereby certify that the information supplied with this stilling does not qualify for indicated on this report or supplemental perfort is true and accurate and that my soft the corporation or the receiver or posted empowered to execute this report as a changed, or on an attachment with an address, with all other like empowered.	he exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:	~/
SIGNATURE AND TYPEU'OR PRINTED NAME OF SIGNING OFFICER OR D	DIRECTOR Date Daytime Phone #