


**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90039 005 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P05000009237**

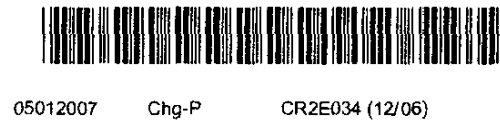
1. Entity Name  
**STARCK APPRAISAL SERVICES, INC.**



Principal Place of Business      Mailing Address  
**1909 SW 31ST TERRACE**      **1909 SW 31ST TERRACE**  
**CAPE CORAL, FL 33914 US**      **CAPE CORAL, FL 33914 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1909 SW 30TH TERRACE**      **1909 SW 30TH TERRACE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**CAPE CORAL, FL**      **CAPE CORAL, FL**  
 Zip      Country      Zip      Country  
**33914**      **US**      **33914**      **US**



6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

4. FEI Number      Applied For  
**59-3795513**      No: Applicable

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

7. Name and Address of New Registered Agent  
 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.

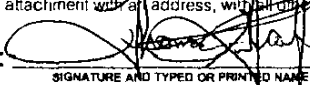
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD STARCK, THOMAS 1909 SW 30TH TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 full or like empowered.

**SIGNATURE:**       **4/30/07**      **239-994-1047**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #