


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000046192
 1. Entity Name
STRICKLEN APPRAISAL SERVICES, P.A.



Principal Place of Business
871 S CENTRAL AVE
UMATILLA, FL 32784 US

Mailing Address
871 S CENTRAL AVE
UMATILLA, FL 32784 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3193626 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKLEN, ALBERT L
871 S CENTRAL AVE
UMATILLA, FL 32784

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRICKLEN, ALBERT L 871 S CENTRAL AVE UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAKISTON, EDWARD Y 871 S CENTRAL AVE UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCHALE, ERIKA L 871 S CENTRAL AVE UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRICKLEN, LAUREN L 871 S CENTRAL AVE UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/30/06-80091-001 150.00

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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 all other like empowers.

SIGNATURE: *Albert L. Stricklen*

1/12/2006 352-669-7300