


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000046192 1. Entity Name STRICKLEN APPRAISAL SERVICES, P.A.	
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Principal Place of Business 871 S CENTRAL AVE UMATILLA, FL 32784 US	Mailing Address 871 S CENTRAL AVE UMATILLA, FL 32784 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3193626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2007 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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U00000582611
 01/11/07-80038-025 150.00

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 empowered.

SIGNATURE: *Albert L. Stricklen* **ALBERT L. STRICKLEN** *1/05/2007* **352 669-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #