


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000046192**


1. Entity Name  
STRICKLEN APPRAISAL SERVICES, P.A.



Principal Place of Business      Mailing Address

871 S CENTRAL AVE      871 S CENTRAL AVE  
UMATILLA, FL 32784 US      UMATILLA, FL 32784 US

**DO NOT WRITE IN THIS SPACE**



01062008    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3193626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

U00000784190  
01/16/08-80042-025 150.00

**DO NOT WRITE IN THIS SPACE**

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*      1/07/08      352-669-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #