

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044162

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** LIGHTNING APPRAISAL SERVICES, INC.

**Current Principal Place of Business:**

7340 TWIN EAGLE LN  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 61005  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 65-0919875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, CONNIE D  
7340 TWIN EAGLE LN  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

OFFENHAUSER, CONNIE D  
7340 TWIN EAGLE LN  
FORT MYERS, FL 33912 US

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.

SIGNATURE: CONNIE OFFENHAUSER

01/19/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EVANS, CONNIE D  
Address: 7340 TWIN EAGLE LN  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: OFFENHAUSER, CONNIE D  
Address: 7340 TWIN EAGLE LN  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE OFFENHAUSER

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date