


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 467264
1. Entity Name
APPRAISAL SERVICES, INC.



Principal Place of Business Mailing Address
500 S. CYPRESS ROAD 500 S. CYPRESS ROAD
POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1610433 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLISON, SUE
500 S CYPRESS RD
POMPANO BCH, FL 33060

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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: *Sue Allison* DATE: 7-3-06

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 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLISON, WILLIAM
STREET ADDRESS	500 S CYPRESS RD
CITY-ST-ZIP	POMPANO BCH, FL 00000.
TITLE	SDV
NAME	ALLISON, SUE
STREET ADDRESS	500 S CYPRESS RD
CITY-ST-ZIP	POMPANO BCH, FL 00000.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000562322
07/07/06-80004-004 150.00

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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 empowered.

SIGNATURE: *Sue Allison* Date: 7-3-06 Daytime Phone #: 954-781-2668

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