# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2007**
**Secretary of State**

DOCUMENT# 822297

**Entity Name:** PROPERTY DAMAGE APPRAISERS INC

**Current Principal Place of Business:**

6100 SOUTHWEST BLVD.
SUITE 200
FORT WORTH, TX 76109 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9230
FT WORTH, TX 761472230

**New Mailing Address:**

P.O. BOX 9230
FT WORTH, TX 761472230 US

**FEI Number: 75-1160563** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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: _____

Electronic Signature of Registered Agent Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: JORDAN, LARRY C
Address: 11516 NORTHVIEW
City-St-Zip: ALEDO, TX

Title: VP ( ) Delete
Name: PENDERGRASS, BILL R
Address: 100 CORONADO BEND
City-St-Zip: FORT WORTH, TX 76108

Title: VP ( ) Delete
Name: CLEMNTS, LARRY
Address: 116 PARK CANYON DR
City-St-Zip: FORT WORTH, TX 76108

Title: TS ( ) Delete
Name: PENDERGRASS, BILL R
Address: 100 CORONADO BEND
City-St-Zip: FORT WORTH, TX 76108

Title: AS (X) Delete
Name: MRAZ, KIMBERLEE
Address: 8505 ORLANDO SPRINGS
City-St-Zip: FORT WORTH, TX 76123

Title: VP ( ) Delete
Name: CAUDILL, JOHN RODNEY
Address: 11317 NORTHPONITE COURT
City-St-Zip: FORT WORTH, TX 76108

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

Title: P (X) Change ( ) Addition
Name: JORDAN, LARRY C
Address: 11516 NORTHVIEW
City-St-Zip: ALEDO, TX 76008

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CLEMNTS, LARRY
Address: 4800 RIDGE CIRCLE
City-St-Zip: BENBROOK, TX 76126

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BILLPENDERGRASS VP 04/18/2007

Electronic Signature of Signing Officer or Director Date