2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44476

FILED Jan 09, 2006 Secretary of State

Entity Name: CROCKETT & ASSOCIATES APPRAISERS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CH LAKE BLV L 336141859				
Current N	lailing Addre	ss:	New Mailing Address	s:	
	CH LAKE BLV L 336141859				
FEI Number	: 59-2918683	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2914 BUS TAMPA, F The above		D US	urpose of changing its registere	d office or registered agent, or both,	
2914 BUS TAMPA, F The above in the Stat	CH LAKE BLV L 336141859 named entity e of Florida.	D US	urpose of changing its registere	d office or registered agent, or both,	
2914 BUS TAMPA, F The above	CH LAKE BLV L 336141859 named entity e of Florida. RE:	D US		d office or registered agent, or both, Date	
2914 BUS TAMPA, F The above in the Stat SIGNATU	CH LAKE BLV L 336141859 named entity e of Florida. RE: 	D US submits this statement for the p			
2914 BUS TAMPA, F The above in the Stat SIGNATU Election Ca	CH LAKE BLV L 336141859 named entity e of Florida. RE: 	SUS submits this statement for the particle of Registered Age or of Trust Fund Contribution ().	ent	Date	
2914 BUS TAMPA, F The above in the Stat SIGNATU Election Ca	CH LAKE BLV L 336141859 e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC	submits this statement for the princ Signature of Registered Age of Trust Fund Contribution (). TORS: Delete HOMAS J., AKE BLVD	ent		

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: THOMAS J. CROCKETT V 01/09/2006