2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

DOCUMENT #L99990	CUMENT # L99990			03-19-2007 90090 016 ***150.00			
1. Entity Name FROST APPRAISAL & MARKET CONSULTANTS, INC.							
Principal Place of Business	Mailing Address						
26133 U.S. HWY. 19 N.	Ç						
302	TED EL 22762 DE CLEADMATER EL 22762						
CLEARWATER, FL 33763 US					INI BURN BIRKU BURN BIRKU BIRKU BIRKU	H at ra (191	
2. Principal Place of Business - No P.O. Box #							
28473 U.S. HWY.19 N., Suite, Apt. #, etc.	t. #, etc. Suite, Apt. #, etc.		- 1				
600	0 600		03162007	Chg-P	CR2E034 (12/06)		
City & State CLEMEWATER FL 3376	CLENRWARE	EFL 3376	4. FEI Numb		 	oplied For ot Applicable	
Zip, Country	Zip	Country		of Status Desired	□ \$8.75 Add		
6. Name and Address of Current	35/6/	U.S. A	<u>l</u>		Fee Require	d	
o. Name and Address of Current	Kagistalan Agant	Name		Address of New			
FROST, KENNETH L 26133 U.S. HWY 19 NORTH	Street Addre	Street Address (P.O. Box Number is Not Acceptable) 28 4773 J.S. HWY 19 W.					
SUITE 302	285	173 U.S.	HWY 19	Ň,			
CLEARWATER, FL 33763		SUITE 600					
		City CLE)	ARWATE	R	FL 翌399	761	
 The above named entity submits this statement to the obligations of registered agent. 	r the purpose of changing its i	registered office or reg	istered agent, or bo	oth, in the State of F	lorida. I am familiar with,	and accept	
1 Krawery FRAS	T DOGO	and the second	4		2/14/20		
SIGNATURE Signature, lyped or printed name of registered agent	and title if applicable. (NoTE	Popisy of Real signature to	quired when reinstating)		3/16/20	07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
NAME PST NAME FROST, L. KENNETH	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS 2718 ASHWOOD COURT		STREET ADORESS					
CITY-ST-ZIP CLEARWATER, FL 33761		CITY-ST-ZIP					
TITLE NAME	Delete	THLE NAME			☐ Change	Addition	
STREET ADDRESS	s						
CITY-ST-ZIP		CITY-ST-ZIP			·		
TITLE NAME	☐ Delate TI				Change	Addition	
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TITLE NAME	☐ Delete	TITLE .			Change	Addition	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		 	☐ Change	Addition	
NAME	L.I Delete	NAME			Li Change	[_] Notifican	
STREET ADDRESS		STREET ADDRESS					
12. I hereby certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ined in Chanter 11	9 Florida Statutos	I further certify that the i-	formation	
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. Plotida 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: L. KENNETH PROST, PRESIDENCE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR SIGNATURE							