

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90013 022 ***150.00

DOCUMENT # M45189

1. Entity Name

APPRAISALFIRST, INC.



Principal Place of Business
8525 NW 53RD TERRACE
#110
MIAMI FL 33166
US

Mailing Address
8525 NW 53RD TERRACE
#110
MIAMI FL 33166
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 59-2769553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMBLE, RICHARD D
8525 NW 53RD TERR
SUITE 110
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(Not FFL Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PM	<input type="checkbox"/> Delete
NAME	GAMBLE, RICHARD D.	
STREET ADDRESS	2422 JOHN ANDERSON DR	
CITY-STATE-ZIP	ORMOND BEACH FL 32176	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAVOUSTIE, ANNAMARIA	
STREET ADDRESS	8525 NW 53RD TERR STE 110	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	VM	<input type="checkbox"/> Delete
NAME	HALL, CAROL	
STREET ADDRESS	8525 NW 53RD TERR STE 110	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	VSTM	<input type="checkbox"/> Delete
NAME	GAMBLE, SARALYN H	
STREET ADDRESS	2422 JOHN ANDERSON DR	
CITY-STATE-ZIP	ORMOND BEACH FL 32176	
TITLE	V	<input type="checkbox"/> Delete
NAME	HORNSTEIN, FRANK H	
STREET ADDRESS	8525 NORTHWEST 53RD TERRACE STE 110	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIFFITH, WILLIAM K	
STREET ADDRESS	8525 NORTHWEST 53RD TERRACE STE 110	
CITY-STATE-ZIP	MIAMI FL 33166	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSTEIN, FRANK A	
STREET ADDRESS	8525 NW 53RD TERR STE 110	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered

SIGNATURE:

R.D. Gamble R.D. GAMBLE

1/29/07 386-441-3116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #