


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90070 029 \*\*\*150.00

<b>DOCUMENT # P00000000336</b>	
1. Entity Name <b>BRUCE LIMANTI APPRAISALS, INC.</b>	

Principal Place of Business <b>807 ST. JOHNS AVENUE PALATKA, FL 32177</b>	Mailing Address <b>807 ST. JOHNS AVENUE PALATKA, FL 32177</b>
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2. Principal Place of Business <b>825B BAY TREE LANE</b>	3. Mailing Address <b>825B BAY TREE LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FL.</b>	City & State <b>JACKSONVILLE, FL.</b>
Zip <b>32256</b>	Zip <b>32256</b>
Country <b>FLORIDA</b>	Country <b>FLORIDA</b>

40046550



04102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3616334</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LIMANTI, MICHAEL BRUCE SR. 807 ST. JOHNS AVENUE PALATKA, FL 32177</b>	7. Name and Address of New Registered Agent Name <b>MICHAEL BRUCE LIMANTI, SR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>825B BAY TREE LANE</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32256</b>
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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: *Michael Bruce Limanti SR.* DATE: 4/10/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMANTI, MICHAEL BRUCE SR. 807 ST. JOHNS AVENUE PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIMANTI, MICHAEL BRUCE SR. 825B BAY TREE LANE JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Bruce Limanti SR.* DATE: 4/10/06 DAYTIME PHONE: 904-613-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR