
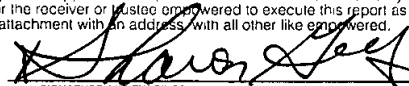


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jul 10
Se**

DOCUMENT # P00000053352 1. Entity Name GRIFFITH REAL ESTATE APPRAISAL SERVICES, INC.		
Principal Place of Business 333 N. FALKENBERG ROAD SUITE A-117 TAMPA, FL 33619 US	Mailing Address 1303 RUSTLEWOOD DR BRANDON, FL 33510	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 07052006 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 59-3658576 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent GRIFFITH, SHARON 1303 RUSTLEWOOD DR BRANDON, FL 33351-0		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature: typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFITH, SHARON D 1303 RUSTLEWOOD DRIVE BRANDON, FL 33510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFITH, WILLIAM R 1303 RUSTLEWOOD DRIVE BRANDON, FL 33510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 	7/6/06	813-655-0509
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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07/11/06-80013-021 550.00