

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016582 1. Entity Name PARKER APPRAISALS, INC.			
Principal Place of Business 9041 NW 19TH STREET PEMBROKE PINES, FL 33024		Mailing Address 9041 NW 19TH STREET PEMBROKE PINES, FL 33024	
2. Principal Place of Business 1102 Fleetwood LN Ft. Pierce FL		3. Mailing Address 1102 Fleetwood Lane	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ft. Pierce, FL		City & State FT. Pierce	
Zip 34982		Zip 34982	
Country ST. Lucie		Country ST. Lucie	
4. FEI Number 02-0609254		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 VEREBAY, LAYNE 888 S.E. 3RD AVENUE SUITE 400 FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PARKER, THOMAS 9041 NW 19TH STREET PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1102 Fleetwood LN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FT. Pierce, FL 34982
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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:		Date: 4/5/06 Daytime Phone #: 772-332-7576	