FILED
Feb 10, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000051091

1. Entity Name
GULF COAST APPRAISAL & REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
521 PINELLAS BAYWAY S., NO. 205 TIERRA VERDE, FL 33715	521 PINELLAS BAYWAY S., NO. 205 TIERRA VERDE, FL 33715

DO NOT WRITE IN THIS SPACE

02082006 No Chg P CR2E034 (11/05)

4. FEI Number
68-0503469
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAMMOND, FRANCIS J
521 PINELLAS BAY WAY S
#205
TIERRA VERDE, FL 33715

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

U00000428430
02/21/06-80047-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMMOND, FRANCIS J
STREET ADDRESS	521 PINELLAS BAYWAY S., NO. 205
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	T
NAME	HAMMOND, JAMES F
STREET ADDRESS	6269 PALMA DEL MAR BLVD. #207
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	VPS
NAME	DANDURAND, KRISTEN L.
STREET ADDRESS	3 PINE KNOLL ROAD
CITY-ST-ZIP	FRANKLIN, MA 02034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Francis J. Hammond 2/8/06 813 263-0649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #