

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072354

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** AFFORDABLE APPRAISAL SERVICES, INC.

**Current Principal Place of Business:**

460 TAMIAMI TRAIL NORTH  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

460 TAMIAMI TRAIL NORTH  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 01-0726289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULLINS, THOMAS D  
1688 BAYONNE STREET  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

MULLINS, THOMAS D  
593 PINE RANCH EAST ROAD  
OSPREY, FL 34229 US

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.

**SIGNATURE:** THOMAS MULLINS

01/10/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** MULLINS, THOMAS D  
**Address:** 1688 BAYONNE STREET  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** MULLINS, THOMAS D  
**Address:** 593 PINE RANCH EAST ROAD  
**City-St-Zip:** OSPREY, FL 34229

**Title:** VP ( ) Change (X) Addition  
**Name:** ECKHART, CHAD  
**Address:** 714 61ST AVENUE SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** THOMAS MULLINS

PRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date