

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90050 045 \*\*\*150.00

<b>DOCUMENT # P02000098570</b> 1. Entity Name <b>RAPID APPRAISALS, INC.</b>			
Principal Place of Business <b>2780 N FLA AVE HERNANDO PLAZA STE 2 HERNANDO, FL 34442</b>		Mailing Address <b>2780 N FLA AVE HERNANDO PLAZA STE 2 HERNANDO, FL 34442</b>	
2. Principal Place of Business - No P.O. Box # <b>4310 E Goodwin Ct</b>		3. Mailing Address <b>P O Box 1256</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Inverness, Florida</b>		City & State <b>Hernando, Florida</b>	
Zip <b>34453</b>	Country <b>CITRUS</b>	Zip <b>34442</b>	Country <b>CITRUS</b>
4. FEI Number <b>56-2292259</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAYNE, RICKY A 2167 E KEEPSAKE LN HERNANDO, FL 34442</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PAYNE, RICKY A 2167 E KEEPSAKE LN HERNANDO, FL 34442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/5/07</b> Daytime Phone #	