## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCU	MENT # P0200013348	32			
1. Entity Name R S APPRAISAL SERVICES, INC.					
6286 HARB	OUR CHASE DR.	Mailing Address 6286 HARBOUR CHASE DR. LAKE WORTH, FL 33467			
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04282005 4. FEI Numbe 06-166	
GRAVES, WILLIAM E 2405 24TH LANE LAKE WORTH, FL 33463			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	Signature, typed or printed name of registered agent and title	e It applicable (NOTE Registered	Agent signature required	when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				00 May Be d to Fees	
10.	OFFICERS AND DIRE	CTORS		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
TITLE NAME STREET ADDRESS	D SMITH, ROBB S 6286 HARBOUR CHASE DR.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE WORTH, FL 33467			. ,	U00000349330 05/02/05-80060-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**			NOT WRITE
TITLE				<u> </u>	THO OBLOT
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				IN 7	HIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.   hereby cindicated of the cor	pertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an addrass with a	and accurate and that my signati ed to execute this report as requir	nption stated in Sec ure shall have the s. ed by Chapter 607,	tion 119.07(3)(i	), Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director; and that my name appears in Block 10 or Block 11 if
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.   hereby cindicated of the cor	on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address with a	and accurate and that my signati ed to execute this report as requir	ure shall have the sided by Chapter 607,	tion 119.07(3)(i	b. Florida Statutes, I further certify that the information