

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90461 027 \*\*\*150.00

<b>DOCUMENT # P02000133482</b>					
<b>1. Entity Name</b> R S APPRAISAL SERVICES, INC.					
<b>Principal Place of Business</b> 6286 HARBOUR CHASE DR. LAKE WORTH FL 33467			<b>Mailing Address</b> 6286 HARBOUR CHASE DR. LAKE WORTH FL 33467		
<b>2. Principal Place of Business</b> 5700 Lake Worth Rd. Suite, Apt. #, etc. Ste 311-2 City & State Greensboro, FL. Zip 33463 Country USA		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country			
<b>4. FEI Number</b> 06-1667189				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>1st MOORE</b> <b>CR2E034 (10/05)</b>	
<b>6. Name and Address of Current Registered Agent</b> GRAVES, WILLIAM E 2405 24TH LANE LAKE WORTH FL 33463			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SMITH, ROBB S 6286 HARBOUR CHASE DR. LAKE WORTH FL 33467		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Vice President Lydia Smith 6286 Harbour Chase Dr. Lake Worth, FL 33467	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.14.06      561649-5979 <small>Date      Daytime Phone #</small>		