2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2006 8:00 am Secretary of State

07-19-2006 90009 035 ***150 00

DOCUMENT # P03000016591 1. Entity Name JONES APPRAISAL, INC.									07-19-2006	5 90009	U33 ****13	50.00
Principal Place of Business M				Mailing Address								
1707 BRADFORD ROAD EDGEWATER, FL 32132				PO BOX 881 NEW SMYRNA BEACH, FL 32170				20049616				
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.				07102006	Chg-P	CR2E(034 (11/05)	
City & State				City & State				4. FEI Numbe 05-0558			<u> </u>	pplied For at Applicable
Zip Country		7	Zip	try		5. Certificate	of Status Desired		\$8.75 Add	litional d		
6. Name and Address of Current Registered Agent						Nees	1	7. Name and	Address of New F	Registered		
JONES, LESLEY A						Name						
1707 BRADFORD ROAD EDGEWATER, FL 32132						Street Addr	ress (P	.O. Box Numbe	r is Not Acceptabl	θ)	<u> </u>	
						City					Zin Cod	
The above named entity submits this statement for the purpose of changing its register.						City FL Zip Code						
the obligat	ions of regis	tered agent.	ieni ioi ine p	dipose of charging its	register	ed onice or req	មូរនមេខ	o agent, or bott	i, in the State of Fi	onoa. i am	amiliar with,	and accept
SIGNATURE_	Signature, types	d or printed name of registere	d agent and title i	f applicable. (NOT	E: Registere	d Agent signature re	equired v	when reinstating)		DATE		
1		!! FEE IS \$150. ptember 6, 200		9. Election Campa Trust Fund Con		ncing		00 May Be d to Fees	in accordance corporation did	with s. 607	7.193(2)(b), re the prior r	F.S., the notice.
10.	ue by Se	ptember 6, 200		Trust Fund Con	tribution.			d to Fees	In accordance corporation did	not receiv	e the prior of DIRECTOR	notice.
D	P P	ptember 6, 200	6	Trust Fund Con	tribution.			d to Fees	corporation did	not receiv	e the prior r	notice.
10.	P JONES, I	OFFICERS	6	Trust Fund Con	11. TITL NAM			d to Fees	corporation did	not receiv	e the prior of DIRECTOR	notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P JONES, I	OFFICERS LESLEY A ADFORD ROAD	6	Trust Fund Con	11. IIIL NAM STRI	E E E E E E E E E E E E E E E E E E E		d to Fees	corporation did	not receiv	e the prior of DIRECTOR	notice.
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12. Thereby 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 call; that I am an officer or director of the corporation or the received 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:

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

KD7/14/2006 (386)852-863