2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000051654 02-27-2006 90104 047 ***150.00 1. Entity Name SCHWEITZER APPRAISALS, INC. Principal Place of Business Mailing Address -1428-D GULF TO BAY BLVD: 2 1428-D GULF TO BAY BLVD. CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business 3. Mailing Address 2194 MAIN STREE 2194 MAIN STHEET Suite, Apt. #, etc. Suite, Apt. #, etc. 02122006 Chg-P CR2E034 (11/05) Sute Suite City & State City & State 4. FEI Number Applied For 58-2668940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOX, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 28050 U.S. 19 NORTH, SUITE 100 CLEARWATER, FL 33761 City 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. Gregor. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. John H Schweitzer Change D TITLE **∑** Delete TITLE NAME SCHWEITZER, JOHN H NAME 2194 MAIN STreet, Suite D STREET ADDRESS 1438 D CULP TO BAY BLVD. STREET ADDRESS DUNEDIN, FL34698 CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIP Chweitzer, John H. Change **PST** TITLE ☐ Delete TITLE ■ Addition SCHWEITZER, JOHN H NAME NAME 2194 MAIN STreet, Suite O STREET ADDRESS 4428 D CULF TO BAY BLVD. STREET ADDRESS CLEARWATER, FL 33795 CITY-ST-ZIP OUNE DIN, FL 34698 CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 of 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 SIGNATURE: 4

FILED Feb 27, 2006 8:00 am