2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000077530							
1. Entity Name DAVCON APPRAISAL SERVICES, INC.							
Principal Place of Business Ma		Mailing Address	1	1			
2059 ROCKY HILL DRIVE Deltona, Fl 32738		2059 ROCKY HILL DRIVE Deltona, Fl. 32738					
		· Said to					
				07212006	No Chg-P	CR2E034	···
C	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 81-0623			Applied For Not Applicable
		Exp.	ing This come is not be		of Status Desired		.75 Additional
	6. Name and Address of Current Re-	gistered Agent	i diga di di Tanggaran di	¥	Na Materia V	Fee	Required
CONNOR, DAVID H JR. 2059 ROCKY HILL DRIVE				, DO	NOT W	/RITE	
	A, FL 32738		3	177		100	
			* X		THIS SF	O STATE	
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. Lam familiar with, and accept the obtigations of registered agent. U00000572657							
SIGNATURE	Signature, typed or printed name of registered agent and	see if applicable. (NOTE; Register	ed Agent signature require	d when reinstating)	07/28/06-	80008-01 12 (562 (9_150.00
FILE NOW!!!' FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees	In accordance corporation did	with s. 607.19 not receive th	3(2)(b), F.S., the e prior notice.
10.	OFFICERS AND DIE	RECTORS	200 A C 200		A PACA	1000	VALESSA NO
R71.E NAME	PST CONNOR, DAVID H JR.					4 24 34	
STREET ADDRESS CITY+ST-ZIP	2059 ROCKY HILL DRIVE DELTONA, FL 32738						
title Name	VD CONNOR, DAVID H JR.					3101 3314	
STREET ADDRESS City-St-Zip	2059 ROCKY HILL DRIVE DELTONA, FL 32738		A STATE OF THE STA				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME				ैे IN T	HIS SI	PACE	
STREET ADDRESS CITY-ST-ZIP		•					
TIRE			1		1.5 4		
NAME	ነ		•		. 13.		(統)
STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP							
CTY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-S1-ZIP 12. hereby	certify that the information supplied with thi on this report or supplemental paper is the poration of the receiven or trudlee empoyer or on an attachment with an address, with	s filing does not qualify for the ex the and accurate and that my signs red to execute this report as requivall other like empoweres.	emptions contained ture shall have the ired by Chapter 60	d in Chapter 119, same legal effect 7. Florida Statutes	Florida Statutes. I as if made under and that my nam	further certify to outh; that I am a e appears in Bit	hat the information in officer or director lock 10 or Block 11 if
THE NAME STREET ADDRESS CHY-SI-ZIP 12. Liberaby	I on this report of supplemental report is tru- proration outlie receiver or trudiee empoyers, or on an attachment with an address, with	le and accurate and that my signal rece to execute this report as required to the fike empowers.	iture shall have the ired by Chapter 60:	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statules. I as if made under ; and ihat my parm	further certify to oath; that I am a e appears in Bi	hat the information