




Jul 28
Se

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000077530			
1. Entity Name DAVCON APPRAISAL SERVICES, INC.			
Principal Place of Business 2059 ROCKY HILL DRIVE DELTONA, FL 32738	Mailing Address 2059 ROCKY HILL DRIVE DELTONA, FL 32738		
DO NOT WRITE IN THIS SPACE			
		07212006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 81-0623813	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CONNOR, DAVID H JR. 2059 ROCKY HILL DRIVE DELTONA, FL 32738			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		U00000572657 07/28/06-80008-019 150.00 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CONNOR, DAVID H JR. 2059 ROCKY HILL DRIVE DELTONA, FL 32738		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNOR, DAVID H JR. 2059 ROCKY HILL DRIVE DELTONA, FL 32738		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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 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: 		Date 7/25/06 (380) 574-4252	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	