## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000148294

## **FILED** Feb 28, 2007 8:00 am Secretary of State 02-28-2007 90014 026 \*\*\*150.00

Principal Place of Business   Mailing Address   Po BOX 18259   TALLHANSSEE, FL 32318    2. Page page place of Business   App Po Box Age Po BOX 18259   TALLHANSSEE, FL 32318    2. Page page place of Business   App Po Box Age Po Box	Entity Name     NORTHRIDGE APPRAISAL COMPANY, INC.											
Suite   April   Apri	2917 LIVINGS	STON RD SU	IITE 201	PO BOX 182649	PO BOX 182649							
City & Sales	IOOO				<u></u>							
Table	Suite, Apt. #, etc.								CR2E03			
S. Certificate of Statios Desired   Fee Required	Tallahassee FC			City & State	City & State				<u>.</u>			
MANAUSA DANIEL E 3520 THOMASVILLE RO 4TH FLOOR TALLAHASSEE, FL :FL323-09  8. The above named entity submits interstatement for the purpose of changing its registered office or registered agent, or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signification typed formed fallier of registered agent agent agent or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   Signification typed formed fallier of registered agent agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boan, in the State of Florids. I am familiar with, and acce	35.2	363			Coun	try			F	ee Required		
Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE, FL:F1323-09  Signature. In the down named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE.  FILE NOWHIT FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  In the State of Florida. It am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  INTEL NOWHIT FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOWHIT FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOWHIT FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOWHIT FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$150.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$150.00  After May 1, 2007 Fee will be \$150.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$150.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$150.00  After May 1, 2007 Fee will be \$150.00  PILE NOW IT FEE IS \$150.00  After May 1, 2007 Fee will be \$150.00  PILE NOW IT FEE IS \$150.00  After Now IT FEE IS \$150.00  After Now IT FEE IS \$150.00  After Now IT FEE IS \$		6. Name	and Address of Current									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent prefer for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SignAture	3520 THO	MASVILLE			Street Address (P.O. Box Number is Not Acceptable)							
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  Signifum, honed or primor harried registered agent and file of applicable. POTF Registered Agent applicable produced agent and file of applicable. POTF Registered Agent applicable produced agent or both, in the State of Florida. I am familiar with, and accept agent.  FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE NAME  HYATT, PAUL L  PO BOX 182649  TALLAHASSEE, FL 32318  OITY-ST-2P  TALLAHASSEE, FL 32318  O	TALLAHAS	SSEE, FL	FL323-09		 		<del></del>			T = 0-11		
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	NAME STREET ADDRESS CITY-ST-ZIP		20.		NAM Stre City	EET ADDRESS -ST-ZIP						

indicated on this report or supplemental report is true and accurate and that my signature shall have line 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 AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

950 562 409 6 Daylene Phone #