


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P04000024170</b><br>1. Entity Name<br><b>LITHIA APPRAISAL SERVICES, INC.</b> |  |
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|   |   |
|---|---|
| Principal Place of Business<br><b>102 MASON STREET STE 2<br/>LITHIA, FL 33511</b> | Mailing Address<br><b>PO BOX 735<br/>LITHIA, FL 33547</b> |
|---|---|

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D1302006 No Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3782740</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent<br><br><b>LYONS, GARY W<br/>311 SOUTH MISSOURI AVENUE<br/>CLEARWATER, FL 33756</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U00000519176<br/>05/02/06-80041-015 158.75</b> |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>PSTD<br/>PATRICK, MICHELLE<br/>14828 HERONGLENN DRIVE<br/>LITHIA, FL 33547</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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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 another the empowered.

SIGNATURE:  **4-15-06 (813) 684-6107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #