


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 025 ***150.00

DOCUMENT # P04000069984 1. Entity Name APPRAISAL 4 YOU INC.					
Principal Place of Business 1048 DISHMAN LOOP OVIEDO, FL 32765			Mailing Address 1048 DISHMAN LOOP OVIEDO, FL 32765		
2. Principal Place of Business 388 Maple Court Suite, Apt. #, etc.		3. Mailing Address 388 Maple Court Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State Oviedo, FL			
Zip 32765	Country Seminole	Zip 32765	Country Seminole	4. FEI Number 20-1081432	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUILFOYLE, CHRISTEN E 1048 DISHMAN LOOP OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name Guilfoyle, Christen E Street Address (P.O. Box Number is Not Acceptable) 388 Maple Court City Oviedo FL Zip Code 32765	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILFOYLE, RICHARD 1048 DISHMAN LOOP OVIEDO, FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 388 Maple Court Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUILFOYLE, CHRISTEN 1048 DISHMAN LOOP OVIEDO, FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 388 Maple Court Oviedo, FL 32765	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 life empowered.					
SIGNATURE: _____			Date 3/31/06 Daytime Phone # 407-971-2118		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					