2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State
01-08-2007 90246 016 ***150.00

DOCUMENT # P04000113455

1. Entity Name
ALL STAR APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
2555 ENTERPRISE ROAD SUITE 5 CLEARWATER, FL 33763	PO BOX 1951 DUNEDIN, FL 34697

01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1526141 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABATO, CARI M 3826 LAKE SHORE DRIVE PALM HARBOR, FL 34684	Name: Abato, Cari M Street Address (P.O. Box Number is Not Acceptable): 611 Lake Cypress Circle City: Oldsmar, FL Zip Code: 34677

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: Cari M Abato 01/03/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CSH ABATO, CARI 3826 LAKE SHORE DRIVE PALM HARBOR, FL 34684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CSH Cari Abato 611 Lake Cypress Circle Oldsmar, FL 34677 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CSH PILGRIM, JONI L 1959 FAIRWAY CIR EAST DUNEDIN, FL 34698 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: Cari M Abato 01/03/07 888-760-8899 ext 27

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR