

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114841

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: A QUALITY-ONE APPRAISAL SERVICE CORP

**Current Principal Place of Business:**

12004 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

12004 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33569

**Current Mailing Address:**

5408 ST JAMES DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 20-1457483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DREW, KELLY  
5408 ST JAMES DRIVE  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

GIBBONS, TREENA  
12004 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33569 US

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.

SIGNATURE: TREENA M. GIBBONS      04/27/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,T ( ) Delete  
Name: GIBBONS, TREENA  
Address: 12004 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP,S ( ) Delete  
Name: GIBBONS, JEREMY  
Address: 12004 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D ( ) Delete  
Name: GIBBONS, TREENA  
Address: 12004 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D (X) Delete  
Name: GIBBONS, JEREMY  
Address: 12004 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GIBBONS, TREENA  
Address: 12004 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREENA GIBBONS      P      04/27/2006  
Electronic Signature of Signing Officer or Director      Date