

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90001 005 \*\*\*150.00

**DOCUMENT # P04000115934**

1. Entity Name  
**LAPLATTE APPRAISAL SERVICES INC.**



Principal Place of Business  
**5075 TAMARIND RIDGE DRIVE  
NAPLES, FL 34119**

Mailing Address  
**5075 TAMARIND RIDGE DRIVE  
NAPLES, FL 34119**

**40039422**



2. Principal Place of Business - No P.O. Box #

**5181 Tamarind Ridge Dr.**

3. Mailing Address

**5181 Tamarind Ridge Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152007 Chg-P CR2E034 (12/06)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-1480366**

Applied For  
☐ Not Applicable

Zip  
**34119**

Country  
**USA**

Zip  
**34119**

Country  
**USA**

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

**LAPLATTE, MICHAEL  
5075 TAMARIND RIDGE DRIVE  
NAPLES, FL 34119**

Name  
**Michael LaPlatte**

Street Address (P.O. Box Number is Not Acceptable)  
**5181 Tamarind Ridge Drive**

City  
**Naples, FL**

**FL**

Zip Code  
**34119**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/19/07**

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LAPLATTE, MICHAEL  
5075 TAMARIND RIDGE DRIVE  
NAPLES, FL 34119** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Michael LaPlatte  
5181 Tamarind Ridge Drive  
Naples, FL 34119** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/07 239 455 9970**

Date

Daytime Phone #