

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140804

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: APPRAISALS ON DEMAND, INC.

## Current Principal Place of Business:

1942 FIESTA RIDGE COURT  
TAMPA, FL 33604

## New Principal Place of Business:

809 E BLOOMINGDALE AVE  
243  
BRANDON, FL 33511

## Current Mailing Address:

1942 FIESTA RIDGE COURT  
TAMPA, FL 33604

## New Mailing Address:

809 E BLOOMINGDALE AVE  
243  
BRANDON, FL 33511

FEI Number: 20-1743672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNOX, MICHAEL A  
701 S. HOWARD AVE  
SUITE 203  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOUCK, SHERYL L  
Address: 1942 FIESTA RIDGE COURT  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOUCK, SHERYL L  
Address: 4702 POND RIDGE DR.  
City-St-Zip: RIVERVIEW, FL 33569

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: SHERYL HOUCK

P

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date