

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152808					
1. Entity Name ACCREDITED APPRAISAL ASSOC. OF N.E. FLORIDA, INC.					
Principal Place of Business 43238 FREEDOM DR CALLAHAN, FL 32011			Mailing Address 43238 FREEDOM DR CALLAHAN, FL 32011		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1866922	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAYE, L.B. JR 795-C.BLANDING BLVD ORANGE PK, FL 32065-			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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	COBD PARSLEY, DAVID R 43238 FREEDOM DR CALLAHAN, FL 32011		TITLE NAME STREET ADDRESS CITY ST ZIP	DM TODD L. DAKES 43238 FREEDOM DR CALLAHAN, FL 32011	
TITLE NAME STREET ADDRESS CITY ST ZIP	DM PARSLEY, JUDY A 43238 FREEDOM DR CALLAHAN, FL 32011		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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