## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000156735

## **FILED** May 04, 2006 8:00 am Secretary of State 05-04-2006 90243 007 \*\*\*150.00

OCALA VALUATION SERVICES, INC.				
Principal Place of Business         Mailing Address           5065 SE 41ST AVE         P.O. BOX 1032           0CALA, FL 34480         0CALA, FL 34478-1032			•	40085038
2. Principal Place of Business 1928 58 37 14 Coue 1  Suite, Apt. #, etc. CTOCLE Suite, Apt. #, etc.				
Suite, Apt.	.#, etc. CIACUE	Suite, Apt. #, etc.		02062006 Chg-P CR2E034 (11/05)
City & Star	14 FL	City & State		4. FEI Number         Applied For           59-3789707         Not Applicable
344	71 Country	Žip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent	- N	7. Name and Address of New Registered Agent
WHITE, R	R		Nail	LWHITE
5065 SE 4 OCALA, F			Street Add	dress (P.O. Box Number is Not Acceptable)
	•			TALA FL ZigCode 71
8. The above the obligate SIGNATURE	a named entity submits this statement for titions of registered agent.  ILLU HILLS  Signature, typed or printed name of registered agent and		<u>env</u>	egistered agent, or both, in the State of Florida. I am familiar with, and accept  ###################################
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign	ı Financing	\$5.00 May Be Added to Fees
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	€ Change Addition
NAME STREET AUDRESS	WHITE, MICHAEL G 5065 SE 41ST AVE		NAME STREET ADDRESS	1928 SE 37th Court CIRCLE
CITY-ST-ZIP	OCALA, FL 34480			•
TITLE	D	☐ Delete	TITLE	OCALA, FL 34471  Change Addition
NAME STREET ADDRESS	WHITE, RR 5065 SE 41ST AVE		NAME	1028 SE 37th COURT CIACLE
CITY ST ZIP	OCALA, FL 34480		STREET ADDRESS CITY+ST-ZIP	1928 SE 37th COURT CIRCLE OCALA, FL 34471
TITLE	**************************************	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME AMEST ADDRESS	
CITY-SI-ZIP			STREET ADDRESS CITY+ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-SI-ZIP			CITY-ST-ZIP	
MEF	***************************************	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	
CITY ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
HTLE		Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
12. Thereby a indicated of the coronanged	certify that the information supplied with the on this report or supplemental report is transfer or the receiver or trustee empower, or on an attachment with an address with	is filing does not quality for the application of the control of t	he exemptions cor signature shall have required by Chap	ntained in Chapter 119, Florida Statules. I further certify that the information we the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
CICNAT	TURE: X			4/18/06 (3S=) (25-0354

MICHAEL G. WHITE, PRESIDENT