## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

DOCUMENT # P04000156735  1. Entity Name OCALA VALUATION SERVICES, INC.					)	Secre	tary of S
Principal Place of B		Mailing Address					
1928 SE 37TH CR OCALA, FL 34471		P.O. BOX 1032 OCALA, FL 34478-1032					
		Section 1					
50	NOT MOITE	N TINO ODA	<b>~</b> =	04122007	No Chg-P	CR2E034	(11/05)
טט	NOT WRITE I	N THIS SPA	CE	4. FEI Number 59-37897	07		Applied For Not Applicable
				5. Certificate of	Status Desired		.75 Additional Required
6.	Name and Address of Current Regi	Istered Agent					
WHITE, RR 1928 SE 37TH CRT CIR OCALA, FL 34471			DO NOT WRITE IN THIS SPACE				
8. The above name the obligations of	d entity submits this statemost fregistres.	pose or changing its register	ed office or registe	ered agent, or both, i	n the State of Flor	ida. Lam tam	iliar with, and accept
SIGNATURE Signature		e il appacable (NOTE: Registere	id Agent signature require	ed when reinstaling)		DATE	<i>.</i> .
FILE NO After May 1,	OWIII FEE IS \$150.00 , 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	~ _ **	5.00 May Be ded to Fees			Selve, Vakt
10.	OFFICERS AND DIRE	CTORS					
STRÉET ADDRESS 1928	ITE, MICHAEL G 8 SE 37TH CRT CIR ALA, FL 34471						
STREET ADDRESS 1926	ITE, RR 8 SE 37TH CRT CIR ALA, FL 34471						

## DO NOT WRITE IN THIS SPACE

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12. Thereby 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 if 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 suppowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayme Prone y