

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90247 024 ***150.00

DOCUMENT # P04000167828

1. Entity Name
WEST FLORIDA APPRAISAL SERVICES, INC.



Principal Place of Business
**5049 RINGWOOD MEADOW
STE J
SARASOTA, FL 34235 US**

Mailing Address
**5049 RINGWOOD MEADOW
STE J
SARASOTA, FL 34235 US**

60034777

2. Principal Place of Business
4222 McIntosh Lane
Suite, Apt. #, etc.

3. Mailing Address
4222 McIntosh Lane
Suite, Apt. #, etc.

04282006 Chg-P CR2E034 (11/05)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
20-1994818

Applied For
Not Applicable

Zip
34232 Country

Zip
34232 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCRAY, GREGGORY
4172 LANCASTER DR.
SARASOTA, FL 34241**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4222 McIntosh Lane
City **Sarasota** FL Zip Code **34232**

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 **Greggory P. McCray**
Signature, typed or printed name of registered agent and title if applicable.

Gregg McCray
(NOTE: Registered agent signature required when reinstating)

4/28/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRAY, GREGGORY	
STREET ADDRESS	5019 RINGWOOD MEADOW, STE J	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, KYLE F	
STREET ADDRESS	5049 RINGWOOD MEADOW., STE J	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4222 McIntosh Lane	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Greggory P. McCray **Gregg McCray**

4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #