


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90860 006 \*\*\*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		
2. Principal Place of Business - No P.O. Box # 4222 McIntosh Lane		3. Mailing Address 4222 McIntosh Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 20-1994818	
Zip 34232		Country		Applied For Not Applicable	
Zip 34232		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCCRAY, GREGGORY 4222 MCINTOSH LN SARASOTA, FL 34232			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			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	P MCCRAY, GREGGORY 4222 MCINTOSH LN SARASOTA, FL 34232 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 it 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: <u>Gregory P. McRay</u> Gregory McRay 4/16/07 / 941-342-9500					