

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000026555

1. Entity Name
GRAYBEAL APPRAISAL SERVICES INC.



**FILED
Jun 14, 2006 8:00 am
Secretary of State**

06-14-2006 90006 009 ***150.00

40095585



06092006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
1094 FEATHERWOOD CT ATLANTIC BEACH, FL 32233		1094 FEATHERWOOD CT ATLANTIC BEACH, FL 32233	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA

6. Name and Address of Current Registered Agent	
GRAYBEAL, MICHAEL J MR 712 NEPTUNE LANE NEPTUNE BEACH, FL 32266	

4. FEI Number **20-2502545** Applied For

Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1094 Featherwood Court	
City	FL
Atlantic Beach Zip Code 32233	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRAYBEAL, MICHAEL J MR 712 NEPTUNE LANE NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1094 Featherwood Court Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael J. Graybeal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____
Daytime Phone # _____