


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000042489</b> 1. Entity Name <b>APPRAISAL AFFILIATES, INC.</b>	
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Principal Place of Business <b>5780 SW 20TH STREET OCALA, FL 34474</b>	Mailing Address <b>P O BOX 6088 OCALA, FL 34478-6088</b>
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2562309</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COOPER, MICHAEL J 321 NW THIRD AVENUE OCALA, FL 34475</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, RICHARD R P O BOX 6088 OCALA, FL 344786088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, LINDA P O BOX 6088 OCALA, FL 344786088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, ROBERT B P O BOX 6088 OCALA, FL 344786088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/10/07-80036-014 150.00

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 or other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>RICHARD GOLDEN</b> <small>Date</small>	<b>3/30/07</b> <small>Daytime Phone #</small>	<b>352-861-8110</b>
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