

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000050951

1. Entity Name
LAKE APPRAISAL SERVICES, INC.



**FILED
Jul 03, 2006 8:00 am
Secretary of State**

07-03-2006 90001 032 ***150.00

40097669



06282006 Chg-P CR2E034 (11/05)

Principal Place of Business
1535 CENTERPARK DRIVE NORTH
#354
WEST PALM BEACH, FL 33401 US

Mailing Address
108 STEUBEN DRIVE
HUNTERSVILLE, NC 28078 US

2. Principal Place of Business
5846 NW W. Cullom Circle
Suite, Apt. #, etc.

3. Mailing Address
5846 NW W. Cullom Circle
Suite, Apt. #, etc.

City & State
Port Saint Lucie, FL
Zip 34986

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Port Saint Lucie, FL
Zip 34986

4. FEI Number
58-2199898

Applied For
Not Applicable

Zip USA
34986

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

6. Name and Address of Current Registered Agent

BOGGS, ERIC
1535 CENTERPARK DRIVE NORTH
#354
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Eric Boggs
Street Address (P.O. Box Number is Not Acceptable)
5846 NW W. Cullom Circle

City Port Saint Lucie FL Zip Code 34986

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 *CMJ*

Eric Boggs

6/28/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE P Delete
NAME BOGGS, ERIC
STREET ADDRESS 1535 CENTERPARK DRIVE NORTH, #354
CITY-ST-ZIP WEST PALM BEACH, FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President Change Addition
NAME Eric Boggs
STREET ADDRESS 5846 NW W. Cullom Circle
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE VP Delete
NAME BOGGS, DAWNA
STREET ADDRESS 108 STEUBEN DRIVE
CITY-ST-ZIP HUNTERSVILLE, NC 28078

TITLE VP Change Addition
NAME Dawna Boggs
STREET ADDRESS 5846 NW W. Cullom Circle
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE TREA Delete
NAME BOGGS, ERIC
STREET ADDRESS 1535 CENTERPARK DRIVE NORTH
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE Treas. Change Addition
NAME Eric Boggs
STREET ADDRESS 5846 NW W. Cullom Circle
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE SEC Delete
NAME BOGGS, DAWNA
STREET ADDRESS 108 STEUBEN DRIVE
CITY-ST-ZIP HUNTERSVILLE, NC 28078

TITLE Sec Change Addition
NAME Dawna Boggs
STREET ADDRESS 5846 NW W. Cullom Circle
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Carry Eric Boggs*

SIGNATURE AND FINGER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/06 661 603 7856
6-28-06 Date Daytime Phone #