


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-03-2006 90001 032 ***150.00

DOCUMENT # P05000050951	
1. Entity Name LAKE APPRAISAL SERVICES, INC.	

Principal Place of Business 1535 CENTERPARK DRIVE NORTH #354 WEST PALM BEACH, FL 33401 US	Mailing Address 108 STEUBEN DRIVE HUNTSVILLE, NC 28078 US
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2. Principal Place of Business 5846 NW W. Cullom Circle Suite, Apt. #, etc.	3. Mailing Address 5846 NW W. Cullom Circle Suite, Apt. #, etc.
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City & State Port Saint Lucie, FL	City & State Port Saint Lucie, FL
Zip 34986	Country USA
Zip 34986	Country USA

40097669



06282006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2199898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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
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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 Eric Boggs DATE 6/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOGGS, ERIC 1535 CENTERPARK DRIVE NORTH, #354 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eric Boggs 5846 NW W. Cullom Circle Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOGGS, DAWNA 108 STEUBEN DRIVE HUNTSVILLE, NC 28078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dawnna Boggs 5846 NW W. Cullom Circle Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BOGGS, ERIC 1535 CENTERPARK DRIVE NORTH WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Eric Boggs 5846 NW W. Cullom Circle Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BOGGS, DAWNA 108 STEUBEN DRIVE HUNTSVILLE, NC 28078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Dawnna Boggs 5846 NW W. Cullom Circle Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Eric Boggs DATE 6/28/06 561 603 7856
Signature and printer name of signing officer or director 6-28-06 Date Daytime Phone #