2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050951

Entity Name: LAKE APPRAISAL SERVICES, INC.

FILED Apr 06, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
	W. CULLOM (INT LUCIE, FL		US			
Current M	lailing Addre	ss:		New Mailing Address	s:	
	W. CULLOM INT LUCIE, FL		US			
FEI Number	: 50-2199898	FEI Nu	mber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current I	Registered Agent:	Name and Address of	of New Registered Agent:	
BOGGS, ERIC 5846 NW W. CULLOM CIRLCLE PORT ST. LUCIE, FL 34986 US				BOGGS, ERIC 5846 NW W. CULLON PORT ST. LUCIE, FL	BOGGS, ERIC 5846 NW W. CULLOM CIRCLE PORT ST. LUCIE, FL 34986 US	
The above in the State	e named entity e of Florida.	submits [.]	this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:					04/06/2008	
	Electro	nic Signa	ture of Registered Ag	jent	Date	
Election Car	mpaign Financin	g Trust Fu	ınd Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (BOGGS, ERIC 5846 NW. W. (PORT SAINT L			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BOGGS, DAW 5846 NW. W. (PORT SAINT L	CULLOM C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () Delete BOGGS, ERIC 5846 NW. W. CULLOM CIRCLE : PORT SAINT LUCIE, FL 34986 US			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC (BOGGS, DAW 5846 NW. W. (IRCLE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ERIC BOGGS P 04/06/2008

PORT SAINT LUCIE, FL 34986 US

City-St-Zip: