

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000057529

1. Entity Name  
CLAIR APPRAISALS, INC.



**FILED  
Apr 12, 2006 8:00 am  
Secretary of State**

04-12-2006 90074 031 \*\*\*150.00

4000



02232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business <i>1632 SE mistletoe St.</i>	3. Mailing Address <i>1632 SE mistletoe St.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Port St Lucie, FL</i>	City & State <i>Port St Lucie, FL</i>
Zip <i>34983</i>	Country <i>USA</i>
Zip <i>34983</i>	Country <i>USA</i>

4. FEI Number <i>20-2729754</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RIZZOLO, JAMES 1958 SE PT ST LUCIE BLVD. PT ST LUCIE, FL 34952	7. Name and Address of New Registered Agent  Name <b>Diane L Clair</b> Street Address (P.O. Box Number is Not Acceptable)  <i>2174 SE Herron Ave.</i> City <b>Port St. Lucie</b> FL Zip Code <b>34952</b>
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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 *Diane Clair, Diane Clair Vice President* DATE *4/10/06*  
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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Diane Clair Diane Clair /vice Pres. 4/10/06 (772) 879-0519*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #