

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2006 90074 031 ***150.00

DOCUMENT # P05000057529

1. Entity Name
CLAIR APPRAISALS, INC.



Principal Place of Business
1958 SE PT ST LUCIE BLVD.
PT ST LUCIE, FL 34952

Mailing Address
1958 SE PT ST LUCIE BLVD.
PT ST LUCIE, FL 34952

4000

2. Principal Place of Business
1632 SE Mistletoe St.
Suite, Apt. #, etc.

3. Mailing Address
1632 SE Mistletoe St.
Suite, Apt. #, etc.



02232006 Chg-P CR2E034 (11/05)

City & State
Port St Lucie, FL
Zip 34983 Country USA

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Port St Lucie, FL
Zip 34983 Country USA

4. FEI Number
20-2729754

Applied For
Not Applicable

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 Diane L Clair

Street Address (P.O. Box Number is Not Acceptable)

2174 SE Herron Ave.

City Port St. Lucie FL Zip Code 34952

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/10/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CLAIR, ROBERT J
STREET ADDRESS 2174 SE HERRON AVE.
CITY-ST-ZIP PT ST LUCIE, FL 34952

TITLE D ☐ Delete
NAME CLAIR, DIANE L
STREET ADDRESS 2174 SE HERRON AVE.
CITY-ST-ZIP PT ST LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: 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 #