


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

4/1

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90078 042 \*\*\*150.00

DOCUMENT # P05000061311					
1. Entity Name JAY APPRAISALS, INC.					
Principal Place of Business 7251 BOX ELDER DRIVE PORT RICHEY, FL 34668 US			Mailing Address 7251 BOX ELDER DRIVE PORT RICHEY, FL 34668 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JAY, DAVID R 7251 BOX ELDER DRIVE PORT RICHEY, FL 34668				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAY, DAVID R		NAME		
STREET ADDRESS	7251 BOX ELDER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SEDLAK, KARA L.</del>		NAME	SEDLAK, KARA L.	
STREET ADDRESS	<del>7251 BOX ELDER DRIVE</del>		STREET ADDRESS	7251 BOX ELDER DRIVE	
CITY-ST-ZIP	<del>PORT RICHEY, FL 34668</del>		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>David R. Jay</u>			DATE: <u>4-10-06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

66012830



03032006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2735659 Applied For Not Applicable

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

FL Zip Code

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	JAY, DAVID R	
STREET ADDRESS	7251 BOX ELDER DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	<del>SEDLAK, KARA L.</del>	
STREET ADDRESS	<del>7251 BOX ELDER DRIVE</del>	
CITY-ST-ZIP	<del>PORT RICHEY, FL 34668</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEDLAK, KARA L.	
STREET ADDRESS	7251 BOX ELDER DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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SIGNATURE: David R. Jay DATE: 4-10-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devere Phone #