## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P05000074363 1. Entity Name PROPERTY APPRECIATION, INC.

Principal Place of Business

7017 MISTLETOE COURT NEW PORT RICHEY, FL 34653 Mailing Address

7017 MISTLETOE COURT

NEW PORT RICHEY, FL 34653 US

**FILED** Apr 14, 2008 08:00 Al Secretary of State



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04022008 No Chg-P

4. FEI Number 35-2255533

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

727-512-4254

Daytime Phone ₱

6. Name and Address of Current Registered Agent

KITTS, MICHAEL M 7017 MISTLETOE COURT NEW PORT RICHEY, FL 34653

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above named entry 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.		MOVE D			DATE
	Signature, typed or printed name of registered agent and title	rapplicable (NOTE: Hegistere	ed Agent signature req	uired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campai  Trust Fund Contr				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITTS, MICHAEL M 7017 MISTLETOE COURT NEW PORT RICHEY, FL 34653				U00000893428 04/23/08-80104-015 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP					He he had a second of the seco
NAME STREET ADDRESS CITY-ST-ZIP			, , , , , , , , , , , , , , , , , , ,	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 cath: 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 they like empowered.					

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR