

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077027

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: ACCURATE "ACE" APPRAISAL, CORP.

**Current Principal Place of Business:**

2939 FOREST CIRCLE  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

2916 FOREST CIRCLE  
SEFFNER, FL 33584

**New Mailing Address:**

FEI Number: 42-1673908      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JENSON, JOHN H II  
2939 FOREST CIRCLE  
SEFFNER, FL 33584      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            JENSON, JOHN H  
Address:        2916 FOREST CIRCLE  
City-St-Zip:    SEFFNER, FL 33584

Title:            D            ( ) Delete  
Name:            JENSON, JOHN H II  
Address:        2939 FOREST CIRCLE  
City-St-Zip:    SEFFNER, FL 33584

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PRES            (X) Change ( ) Addition  
Name:            JENSON, CHERYLL N  
Address:        2916 FOREST CIRCLE  
City-St-Zip:    SEFFNER, FL 33584

Title:            V.P.            (X) Change ( ) Addition  
Name:            JENSON, JOHN H II  
Address:        2939 FOREST CIRCLE  
City-St-Zip:    SEFFNER, FL 33584

Title:            DIR.            ( ) Change (X) Addition  
Name:            JENSON, JOHN H  
Address:        2916 FOREST CIRCLE  
City-St-Zip:    SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOHN H. JENSON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DIR.

01/05/2007

\_\_\_\_\_ Date