# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 04, 2007**
**Secretary of State**

DOCUMENT# P06000035318

**Entity Name:** FLORIDA CENTRAL APPRAISAL, INC.

**Current Principal Place of Business:**

214 N. MAIN AVE.
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 N. MAIN AVE.
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number: 20-4463558** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HYRE, GARY
382 E. INTERLAKE BLVD
LAKE PLACID, FL 33852 US

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

HYRE, GARY
214 N. MAIN AVE.
LAKE PLACID, FL 33852 US

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: GARY HYRE 07/04/2007
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete
Name: HYRE, GARY
Address: 382 E. INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D ( ) Delete
Name: HYRE, GARY
Address: 382 E. INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852 US

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

Title: PVST (X) Change ( ) Addition
Name: HYRE, GARY
Address: 214 N. MAIN AVE.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D (X) Change ( ) Addition
Name: HYRE, GARY
Address: 214 N. MAIN AVE.
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information supplied with this filing does not qualify 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: GARY HYRE PVST 07/04/2007
Electronic Signature of Signing Officer or Director Date