

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002645

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** REGIONAL APPRAISERS & CONSULTANTS, INC.

**Current Principal Place of Business:**

5179 EL PINE WAY  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

5291 NW ALMOND AVE  
PORT ST. LUCIE, FL 34986 US

**Current Mailing Address:**

P.O. BOX 30924  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

P.O. BOX 882015  
PORT ST. LUCIE, FL 34988 US

**FEI Number:** 65-0371990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, BRIAN  
5179 EL PINE WAY  
PALM BEACH GARDENS, FL 33418 US

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

GORDON, BRIAN  
P O BOX 882015  
PORT ST. LUCIE, FL 34988 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: BRIAN Z. GORDON

04/29/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: GORDON, BRIAN  
Address: 5179 EL PINE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

Title: OWNE (X) Change ( ) Addition  
Name: GORDON, BRIAN  
Address: 5291 NW ALMOND AVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: BRIAN GORDON

OWNE

04/29/2006

Electronic Signature of Signing Officer or Director

Date