FILED
Jul 10, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000066138

1. Entity Name
PROFESSIONAL AUTO APPRAISAL SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4404 BOYNTON BEACH, FL 33424	P.O. BOX 4404 BOYNTON BEACH, FL 33424

DO NOT WRITE IN THIS SPACE

07052007 No Chg-P CR2E0('05)

4. FEI Number
65-0534817

Applied For
Not Applicable

5. Certificate of Status Desired ☐ Additional required

6. Name and Address of Current Registered Agent

FIELDS, GARY D
4400 PGA BLVD., SUITE 700
PALM BEACH GARDENS, FL 33410

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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 aware and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.0(b), F.S., the corporation did not receive prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIELDS, JACK
STREET ADDRESS	9660 N CRESCENT VIEW DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	S
NAME	FIELDS, MYRNA
STREET ADDRESS	9660 N CRESCENT VIEW DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ Jack Fields ✓ 7/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date