


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000001355 1. Entity Name ZYLSTRA & REYNOLDS APPRAISAL SERVICES, P.A.	
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Principal Place of Business 1971 12TH AVE. NAPLES, FL 34120 US	Mailing Address 1971 12TH AVE. NAPLES, FL 34120 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0549438	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, JAMES E ESQ.
1100 5TH AVENUE SOUTH
SUITE 409
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE: Adam Reynolds (NOTE: Registered Agent signature required when reinstating)

X 1-18-06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, ADAM J 130 1ST STREET NORTHWEST NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ZYLSTRA, SUEANN 1971 12TH AVE NE. NAPLES, FL 34120
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02/01/06-80026-013 158.75

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IN THIS SPACE**

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: Adam Reynolds 1-18-06 239-594-0486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #