

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000033981

1. Entity Name
CANDLER APPRAISAL SERVICES, INC.



Principal Place of Business
356 NW LAKE CITY AVE
LAKE CITY, FL 32055 US

Mailing Address
356 NW LAKE CITY AVE
LAKE CITY, FL 32055 US



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3312507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDLER, MICHAEL D
22991-96 STREET
LIVE OAK, FL 32060

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 agree to, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CANDLER, MICHAEL D
STREET ADDRESS	22991-96 STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	STO
NAME	CANDLER, CAROL A
STREET ADDRESS	22991-96 STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	VO
NAME	CANDLER, CHRISTOPHER D
STREET ADDRESS	434 NW LAKE VALLEY TERR
CITY-ST-ZIP	LAKE CITY, FL 32055

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04/12/06-80060-014 150.00

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol A. Candler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

386-755-277-

Daytime Phone #