

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000068387

1. Entity Name
AGRIAPPRAISAL, INC.



Principal Place of Business
370 CENTER POINTE CIRCLE
SUITE 1116
ALTAMONTE SPRGS, FL 32701 US

Mailing Address
370 CENTER POINTE CIRCLE
SUITE 1116
ALTAMONTE SPRGS, FL 32701 US

DO NOT WRITE IN THIS SPACE

**FILED
Jan 18, 2006 08:00 AM
Secretary of State**



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3332056 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DARYL W
370 CENTER POINT CIRCLE
SUITE 1116
ALTAMONTE SPRGS, FL 32701

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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

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

U00000330446
01/23/06-80029-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WILLIAMS, DARYL W
STREET ADDRESS	207 SOVEREIGN COURT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Daryl W. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06

Date

Daytime Phone #