

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096256

FILED
Apr 20, 2006
Secretary of State

Entity Name: CARTER'S APPRAISAL SERVICE, INC.

Current Principal Place of Business:

8593 S.E. 126 PL
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

8593 SE 126 PL
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 59-3349349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, THOMAS E SR
8593 SE 126 PL
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, THOMAS E
Address: 415 SW 14TH ST
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: CARTER, DEBRA L
Address: 415 SW 14TH ST
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARTER, THOMAS E
Address: 8593 SE 126TH PLACE
City-St-Zip: BELLEVIE, FL 34420

Title: D (X) Change () Addition
Name: CARTER, DEBRA L
Address: 8593 SE 126TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

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: DEBRA L. CARTER

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date