


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90010 025 \*\*\*150.00

<b>DOCUMENT # P96000041980</b> 1. Entity Name COUNTY CERTIFIED APPRAISALS, INC.	
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Principal Place of Business 500 S CYPRESS RD. STE. #6 POMPANO BCH, FL 33060	Mailing Address 6910 NW 10TH CT MARGATE, FL 33063
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FALZARANO, ANTHONY D 6910 NW 10TH CT MARGATE, FL 33063	<b>DO NOT WRITE IN THIS SPACE</b>
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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 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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALARANO, ANTHONY D 3335 N.W. 47TH AVENUE COCONUT CREEK, FL 33068 <i>6910 N.W. 10th Ct MARGATE, FLA, 33063</i>
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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: *Anthony D Falzarano* 1/24/07 954 977-4932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #