


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000076466		
1. Entity Name SOUTHERN APPRAISAL SERVICES, INC.		
Principal Place of Business 7350 S. TAMiami TrL SARASOTA, FL 34231 US		Mailing Address 1847 NAUTILUS DR. SARASOTA, FL 34231 US
DO NOT WRITE IN THIS SPACE		
		02192007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0698469		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KABOBEL, BARBARA J 1847 NAUTILUS DRIVE SARASOTA, FL 34231		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000643138 03/01/07-80074-016 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	KABOBEL, BARBARA J	
STREET ADDRESS	1847 NAUTILUS DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VP	
NAME	KABOBEL, DEREK O	
STREET ADDRESS	1847 NAUTILUS DR	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	ST	
NAME	KABOBEL, HEATHER L	
STREET ADDRESS	1847 NAUTILUS DR	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Barbara J. Kabobel</u> <u>Barbara J. Kabobel</u> 2/19/07 941 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		