


# 2007 FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000086123</b> 1. Entity Name ISLAND APPRAISAL, INC.	
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Principal Place of Business 128 SAN JUAN DR ISLAMORADA, FL 33036	Mailing Address PO BOX 900 TAVERNIER, FL 33070
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<b>DO NOT WRITE IN THIS SPACE</b>
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FILED  
07 SEP 18 AM 9:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0787033	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  ROSENDALE, PATRICIA 128 SAN JUAN DR ISLAMORADA, FL 33036	<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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENDALE, PATRICIA 128 SAN JUAN DR ISLAMORADA, FL 33036
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**DO NOT WRITE  
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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:** P. Rosendale **7-2-07** **305-517-9882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #