2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90011 037 ***150.00

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1. Entity Name
CORNEAL APPRAISAL SERVICES, INC.

40040038

Principal Place of Business
~~576 SOMERSET DRIVE~~ 107 Prado St Ste E
AUBURNDALE, FL 33823

Mailing Address
~~576 SOMERSET DRIVE~~ P.O. Box 127
AUBURNDALE, FL 33823

01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3476932
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORNEAL, CHARLES F
~~576 SOMERSET DRIVE~~ 107 Prado St Ste E
AUBURNDALE, FL 33823

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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: Judy Corneal 3-20-07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORNEAL, CHARLES F
STREET ADDRESS	~~576 SOMERSET DRIVE~~ 107 Prado St Ste E
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	STD
NAME	CORNEAL, JUDY D
STREET ADDRESS	~~576 SOMERSET DRIVE~~ 107 Prado St. Ste E
CITY-ST-ZIP	AUBURNDALE, FL 33823
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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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: Judy Corneal 3-20-07 863-967-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #