

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90039 021 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000100667			
1. Entity Name APPRAISALS EXPRESS OF THE PALM BEACHES, INC.			
Principal Place of Business 2365 SEAFORD DRIVE WELLINGTON, FL 33414		Mailing Address 2365 SEAFORD DRIVE WELLINGTON, FL 33414	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
15675 LINDBERGH LANE WELLINGTON, FL 33414		15675 LINDBERGH LANE WELLINGTON, FL 33414	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RESCH, JOHN C 2365 SEAFORD DRIVE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street City 15675 LINDBERGH LANE WELLINGTON, FL 33414 p Code	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/29/06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RESCH, JOHN C 2365 SEAFORD DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15675 LINDBERGH LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RESCH, MARYANN 2365 SEAFORD DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15675 LINDBERGH LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>[Signature]</u> DATE <u>1/29/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			