2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2006 8:00 am Secretary of State 05-05-2006 90154 047 ***150.00 DOCUMENT # P99000108869 1. Entity Name GORDON APPRAISAL SERVICES, INC. 40000103 Principal Place of Business Mailing Address 5150 S FLORIDA AVE 5150 S FLORIDA AVE #325 # 3/0 LAKELAND, FL 33813 #325- # 310 LAKELAND, FL 33813 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3614405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RABIN, GARY S DO NOT WRITE ONE LAKE MORTON DRIVE LAKELAND, FL 33801 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPT TITI F NAME GORDON, CLINTON J 5150 SOUTH FLORIDA AVE #325 # 3/0 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 DVPS TITLE GORDON, CANDY D NAME 5150 SOUTH FLORIDA AVE #325 7 310 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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: 🚣 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP