

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-27-2007 90019 023 ***150.00

DOCUMENT # S73046 1. Entity Name OUTLAW AND DODGE APPRAISALS, INCORPORATED	
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Principal Place of Business 2037 NE 154TH ST. STARKE, FL 32091 US	Mailing Address 2037 NE 154TH ST. STARKE, FL 32091 US
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DO NOT WRITE IN THIS SPACE



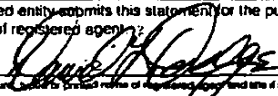
01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3082834	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**DODGE, DAVID L
2037 NE 154TH STREET
STARKE, FL 32091**

**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:  DATE: **3/12/07**

Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

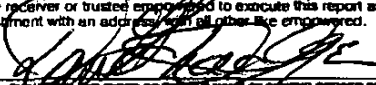
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DODGE, DAVID L 2037 NE 154 STREET STARKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DODGE, DAVID L 2037 NE 154 STREET STARKE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 employment.

SIGNATURE:  DATE: **3/31/07** DAYTIME PHONE: **904/964-4610**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR