2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2006 08:00 AM DOCUMENT # V11887 **Secretary of State** 1. Entity Name APPRAISAL SPECIALISTS LIMITED, INC. Principal Place of Business Mailing Address 4702 FOUNTAINS DR SOUTH 4702 SOUTH FOUNTAINS DR SOUTH LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 65-0309410 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, EUGENE J Street Address (P.O. Box Number is Not Acceptable) 4702 FOUNTAINS DR SOUTH #401 LAKE WORTH FL 33467 City Zip Cade 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 DATE (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ( After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TATLE ☐ Delete TITLE ☐ Change ☐ Ad \*\*\* NAME MARTIN, EUGENE J NAME 1000000421035 STREET ADDRESS 4702 FOUNTAINS OR SOUTH #401 STREET ADDRESS 02/16/06-80023-006 150.00 CITY-ST-21P LAKE WORTH FL 33467 CITY-ST- DY TITLE Delete IILE ☐ Change □A/·· MARIE ALARAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-\$1-21P Delote MILE □ Change □ Add WW NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S7-ZIP mu Change Delete TITLE □ Add NAME STREET ADDRESS STRECT ADDRESS CHTY -ST - ZIP CKTY-ST-ZKP TITLE ☐ Delete ☐ Change □ \*\*\*\*\* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE 3551.5 □ đác NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP

**FILED** 

12. If hereby certify that the information supplied with this filing idoes not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 directly 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATUR