

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90066 037 ***158.75

DOCUMENT # P04000067203

1. Entity Name

RAPID APPRAISAL CENTER, INC.



Principal Place of Business

345 30TH ST
#111
WEST PALM BEACH FL 33407

Mailing Address

345 30TH ST
#111
WEST PALM BEACH FL 33407

2. Principal Place of Business

839 UPLAND RD

Suite, Apt. #, etc.

3. Mailing Address

839 UPLAND RD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33401

Country

PALM BEACH

City & State

WEST PALM BEACH, FL

Zip

33401

Country

PALM BEACH

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYSLOP, CLAYTON

345 30TH ST

#111

WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

JOHN RIPLEY

Street Address (P.O. Box Number is Not Acceptable)

839 UPLAND RD.

City

WEST PALM BEACH, FL

Zip Code

33401

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:

John Ripley

(President)

02/21/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYSLOP, CLAYTON	
STREET ADDRESS	345 30TH ST #111	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	D	<input type="checkbox"/> Delete
NAME	RIPLEY, JOHN M	
STREET ADDRESS	358 HIBISCUS AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN RIPLEY	
STREET ADDRESS	839 UPLAND RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John Ripley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2005

Date

561 801 6948

Daytime Phone