

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90032 048 ***150.00

DOCUMENT # P05000028165

1. Entity Name

ON TIME APPRAISAL ASSOCIATES, INC.



Principal Place of Business
4160 ELDORADO WAY
MELBOURNE FL 32934

Mailing Address
4160 ELDORADO WAY
MELBOURNE FL 32934



2. Principal Place of Business - No P.O. Box #

730 Wing Foot Lane

Suite, Apt. #, etc.

3. Mailing Address

730 Wing Foot Lane

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number 20-2443786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOEL E
709 S. HARBOR CITY BOULEVARD, SUITE 230
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity states 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 obligation to

SIGNATURE

Signature, typed or printed name of registered agent, or, if applicable,

(Not a registered agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SUTPHIN, RUTH P
4160 ELDORADO WAY
MELBOURNE FL 32934 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ruth P. Sutphin | Ruth P. Sutphin, Owner 3-3-07 (321) 254 2958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Circle

Daytime Phone #