

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000120048

1. Entity Name  
JUST-IN TIME APPRAISALS, INC.



Principal Place of Business

1203 HALAPA WAY  
TRINITY, FL 34655

Mailing Address

1203 HALAPA WAY  
TRINITY, FL 34655

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3390245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

VERRENGIA, JUSTIN  
1203 HALAPA WAY  
TRINITY, FL 34655

**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

(NOTE: Registered Agent signature required when reinstating)

7-12-08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VERRENGIA, JUSTIN
STREET ADDRESS	1203 HALAPA WAY
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955155  
07/16/08-80004-020-150.00

**DO NOT WRITE  
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-08

Date

727-808-1545

Daytime Phone #