


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-18-2008 90016002 ***150.00
P96000022611

DOCUMENT # **P96000022611**

1. Entity Name
Residential Appraisal Specialists Inc.



Principal Place of Business Mailing Address
**15778 Glen Willow Lane
Wellington, FL 33414** **same**

DO NOT WRITE IN THIS SPACE

FILED
08 AUG 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60045164



☒ No Chg-P CR2E034 (11/05)

4. FEI Number **605-0795693** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Gina K. Rascanti
15778 Glen Willow Lane
Wellington, FL 33414**

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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 **[Signature]** **7-15-2008**
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	Gina K. Rascanti
NAME	Y	15778 Glen Willow Lane
STREET ADDRESS	S	Wellington, FL 33414
CITY-ST-ZIP	J	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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]** **7-15-2008** **501-798-3448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS