

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-04-2005 90090 041 ***150.00

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1. Entity Name

RIGHT ON TIME APPRAISALS, INC.



Principal Place of Business

**880 MANDALAY AVENUE, C807
CLEARWATER FL 33767
US**

Mailing Address

**880 MANDALAY AVENUE, C807
CLEARWATER FL 33767
US**

2. Principal Place of Business

**880 Mandalay Ave
Suite, Apt. #, etc.
#5409**

3. Mailing Address

**880 Mandalay Ave
Suite, Apt. #, etc.
#5409**

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3514993

Applied For

Not Applicable

Zip

33767

Country

USA

Zip

33767

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLZER, LARRY
880 MANDALAY AVENUE, C807
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name

Larry Holzer

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

880 Mandalay Ave #5409

City

Clearwater

FL

Zip Code

33767

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

(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 **P** ☐ Delete
NAME **HOLZER, LARRY**
STREET ADDRESS **880 MANDALAY AVENUE, C807**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Holzer

Date

2/28/05

Daytime Phone #

727-424-7367