

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90022 013 ***150.00

DOCUMENT # S51096

1. Entity Name
JUST VALUATION, INC.



Principal Place of Business
**222 S. WESTMONT DR
SUITE 206
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**P.O. BOX 160817
ALTAMONTE SPRINGS, FL 32716-0817 US**

24080989



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3064032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATION, RON L
120 STONE POST RD.
LONGWOOD, FL 32779**

**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

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 8, 2004**

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	PD
NAME	NATION, RON L.
STREET ADDRESS	120 STONE POST RD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	TD
NAME	NATION, JEANETTE H.
STREET ADDRESS	120 STONE POST RD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VP
NAME	DENHAM, CHARLES W JR
STREET ADDRESS	412 W. MINNESOTA AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VP
NAME	William H. Pruett III
STREET ADDRESS	1641 Oneco Avenue
CITY-ST-ZIP	Winter Park, FL 32789
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 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

8-2-04

Date

407/774-3344

Daytime Phone #