


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90006 039 \*\*\*\*61.25

<b>DOCUMENT # N31117</b> 1. Entity Name <b>SELMORE PSYCHOLOGICAL EVALUATION CONSULTANT AND RESEARCH, INC.</b>	
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Principal Place of Business <b>8200 SW 140TH AVENUE MIAMI, FL 33183</b>	Mailing Address <b>P.O. BOX 832891 MIAMI, FL 33182 US</b>
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**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0116483</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

**SELMORE, VERA B.  
8200 SW 140 AVE.  
MIAMI, FL 33183**

**DO NOT WRITE  
IN THIS SPACE**

B. 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: VERA B. SELMORE Vera B. Selmore DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25  
Due by May 1, 2005**

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	DP SELMORE, VERA B. 8200 SW 140 AVENUE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLUITT, SANDRA 916 ADELPHI COURT FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELMORE, KIMBERLY A. 13 MASTERS DRIVE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WASHINGTON, MICHAEL S 8200 SW 140 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, MARC S 8200 SW 140 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AKENDE, AKENIDELE 8200 SW 140 AVENUE MIAMI, FL 33183

**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 617, 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: VERA B. SELMORE Vera B. Selmore 3-28-05 305-388-1284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #