

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000112598

**Entity Name:** EVICTION DAY SERVICES, INC.

**Current Principal Place of Business:**

2710 DEL PRADO BOULEVARD  
#2-110  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2710 DEL PRADO BOULEVARD  
#2-110  
CAPE CORAL, FL 33904

**FEI Number:** 26-1220935

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEE, SHARON  
2710 DEL PRADO BOULEVARD  
#2-110  
CAPE CORAL, FL 33904 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            LEE, THOMAS J  
Address        2710 DEL PRADO BOULEVARD, #2-  
                  110  
City-State-Zip: CAPE CORAL FL 33904

Title            VP  
Name            LEE, SHARON  
Address        2710 DEL PRADO BOULEVARD, #2-  
                  110  
City-State-Zip: CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS J. LEE

**PRESIDENT**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date