

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J12139**

1. Entity Name  
**NATIONAL VALUATION SERVICES OF FLORIDA, INC.**



Principal Place of Business

2385 EXECUTIVE CTR DR  
SUITE 100  
BOCA RATON, FL 33431 US

Mailing Address

2385 EXECUTIVE CTR DR  
SUITE 100  
BOCA RATON, FL 33431 US

**DO NOT WRITE IN THIS SPACE**



05182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2705228**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

HILLER, SIDNEY P.  
2385 EXECUTIVE CTR. DR.  
SUITE 100  
BOCA RATON, FL 33431

**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 14, 2007**

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 PS  
NAME HILLER, SIDNEY P.  
STREET ADDRESS 2385 EXECUTIVE CTR. DR., SUITE 100  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME SCRIVENS, R. H., JR.  
STREET ADDRESS 2385 EXECUTIVE CTR. DR., SUITE 100  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000759073  
05/24/07-80026-026 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sidney P. Hiller, Pres.*  
SIDNEY P. HILLER, PRES.

5/16/07  
Date

561-376-8911  
Daytime Phone #