


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90027 012 ***150.00

DOCUMENT # P02000064424		
1. Entity Name EVALUATION AND RESEARCH SPECIALISTS, INC.		

Principal Place of Business 19047 SE LOXAHATCHEE RIVER ROAD JUPITER, FL 33458 <i>15500 Lightwave Dr., Ste 101 Clearwater, FL 33760</i>	Mailing Address <i>15500</i> 1500 LIGHTWAVE DR., STE 101 CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE

94048135



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0469258	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAROLLA, SUSAN M 1500 LIGHTWAVE DR., STE 101 CLEARWATER, FL 33760	
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 6 WAYNER, DR. ERIC 2496 INAGUS AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 0 TAROLLA, SUSAN 1500 LIGHTWAVE DR., STE 101 CLEARWATER, FL 33760
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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: *X Susan Tarolla* *X 4/4/04 727-431-0650*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #