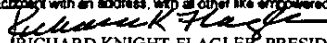


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90459 030 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000151535			
1. Entity Name EVALUATIONS APPRAISAL MANAGEMENT & TECHNOLOGY SOLUTIONS, INC.			
Principal Place of Business 6609 DRIFTWOOD DRIVE HUDSON, FL 34667 US		Mailing Address 6609 DRIFTWOOD DRIVE HUDSON, FL 34667 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FB Number 20-0579328 Applied For... ☐ Not Applicable	
5. Name and Address of Current Registered Agent CARLISLE, VIVIAN R 5761 COLONIAL DRIVE NEW PORT RICHEY, FL, FL 34653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 necessary) DATE _____			
FILE NOW!! FEE IS \$160.00 After May 1, 2004 Fee will be \$660.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KNIGHT-FLAGLER, RICHARD 6609 DRIFTWOOD DRIVE HUDSON, FL 34667 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	C KNIGHT, JANICE 5761 COLONIAL DRIVE NEW PORT RICHEY, FL 34653 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP KNIGHT-FLAGLER, JENNIFER 6609 DRIFTWOOD DRIVE HUDSON, FL 34667 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/T KNIGHT-FLAGLER, JENNIFER 6609 DRIFTWOOD DRIVE HUDSON, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CARLISLE, VIVIAN 5761 COLONIAL DRIVE NEW PORT RICHEY, FL 34653 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  RICHARD KNIGHT-FLAGLER, PRESIDENT		APRIL 15, 2004 877-830-9300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Dattime Phone e	

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