
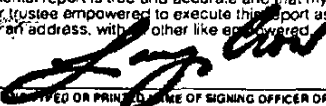


FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90222 031 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | | | | | |
|---|-------------------------------------|---|---|--|--|
| DOCUMENT # P04000027939 1. Entity Name E VALUE TITLE SERVICES, INC. | | | |  | |
| Principal Place of Business 1247 SOUTH PINELLAS AVENUE TARPON SPRINGS, FL 34689 US | | | Mailing Address 1247 SOUTH PINELLAS AVENUE TARPON SPRINGS, FL 34689 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 5. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CROW, LARRY 1247 SOUTH PINELLAS AVENUE TARPON SPRINGS, FL 34689 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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's signature required when resigning) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CROW, LARRY | | NAME | | |
| STREET ADDRESS | 1247 SOUTH PINELLAS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | CITY-ST-ZIP | | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CROW, LARRY | | NAME | | |
| STREET ADDRESS | 1247 SOUTH PINELLAS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | CITY-ST-ZIP | | |
| TITLE | SEC <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CROW, LARRY | | NAME | | |
| STREET ADDRESS | 1247 SOUTH PINELLAS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 other like empowered. | | | | | |
| SIGNATURE:  | | | Date: 5/10/05 Daytime Phone #: 727-945 1112 | | |

50052170



05102005 Chg-P CR2E034 (10/03)

 4. FEI Number **75-3145542** Applied For ☐ Not Applicable ☒

 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**