

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000017902

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** EVALUVEST INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1185 SPRING CENTRE SOUTH BLVD. SUITE 1060  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

1150 DOUGLAS AVENUE  
1090  
ALTAMONTE SPRINGS, FL 32714 UN

**Current Mailing Address:**

1185 SPRING CENTRE SOUTH BLVD. SUITE 1060  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

1150 DOUGLAS AVENUE  
1090  
ALTAMONTE SPRINGS, FL 32714 UN

**FEI Number:** 20-4660214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRETT, RICHARD L  
1185 SPRING CENTRE SOUTH BLVD.  
SUITE 1060  
ALTAMONTE SPRINGS, FL 32714 US

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

BARRETT, RICHARD L  
1150 DOUGLAS AVENUE  
SUITE 1100  
ALTAMONTE SPRINGS, FL 32714 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: RL BARRETT

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MATTHEWS, DAVID W  
Address: 1150 DOUGLAS AVENUE  
City-St-Zip: SUITE 1090, FL 32714

Title: D  
Name: BARRETT, RL  
Address: 1150 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: RL BARRETT

D

04/26/2012

Electronic Signature of Signing Officer or Director

Date