

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-12-2007 90111 045 ***150.00
P06000144358

FILED

07 JUN 18 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000144358

1. Entity Name
NATIONWIDE SERVICE EVALUATORS, INC



Principal Place of Business
**4759 LONSDALE CIRCLE
ORLANDO, FL 32817 US**

Mailing Address
**4759 LONSDALE CIRCLE
ORLANDO, FL 32817 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302007

Chg-P

CR2E034 (12/06)

4. FEI Number

41-2220621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTUS, JAN B
4759 LONSDALE CIRCLE
ORLANDO, FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MARTUS, JAN B
4759 LONSDALE CIRCLE
ORLANDO, FL 32817**

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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: **Jan B Martus**

5/1/07 **407-629-2115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

To Whom It May Concern:

40120506
#P06 000144358 212

I am enclosing my \$150 check for the annual report notice.

I did not start my business until Feb/07. Although it was officially filed Nov 11, 2006.

My home had a major flood which I can provide you with a letter from Best Plumbing, or my State Farm Agency should you need proof. The flood was a back up from our bathroom and effected over half of our home. We had a plumbing problem due to tree roots and that caused the flood. Because this was consided (dirty water -flood) It was a hazard to our heath and therefore we could not interact in certain areas of our home including our office. I was not able to file this until now.

Due to circumstances out of our control-I am respectfully requesting the late fee to be waived this one time. I did call in when I knew it would be late and explained my circumstances and was told to provide you with a note along with the form.

I do not normally miss deadlines of any kind and would appreciate your review of my request.

Thank You!

JAN^B. MARTUS
407-679. 2115