

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000044167

Entity Name: EVICTION REMEDIES, INC.

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

1901 VICEROY LANE
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1794
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

POST OFFICE BOX 1794
NEW PORT RICHEY, FL 34656 US

FEI Number: 27-0264636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, ROBERT L
1900 VICEROY LANE
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: WUNDERLY, CRYSTAL L
Address: 1901 VICEROY LANE
City-St-Zip: HOLIDAY, FL 34690 US

Title: P/D
Name: WADE, ROBERT D
Address: 1901 VICEROY LANE
City-St-Zip: HOLIDAY, FL 34690 US

Title: VP/D
Name: WADE, ROBERT L
Address: 1900 VICEROY LANE
City-St-Zip: HOLIDAY, FL 34690 US

Title: ST/D
Name: WADE, ROBERT D
Address: 1901 VICEROY LANE
City-St-Zip: HOLIDAY, FL 34690 US

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: ROBERT D WADE

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04/19/2011

Electronic Signature of Signing Officer or Director

Date