

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000014651

1. Entity Name
EVERGLADES CLAIMS MANAGEMENT, INC.



Principal Place of Business

**4980 NE 11TH AVENUE
SUITE B
FORT LAUDERDALE, FL 33334 US**

Mailing Address

**4980 NE 11TH AVENUE
SUITE B
FORT LAUDERDALE, FL 33334 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0390282

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RILEY, WILLIAM E
4980 NE 11TH AVENUE
SUITE B
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	RILEY, WILLIAM E
STREET ADDRESS	4980 NE 11TH AVENUE, SUITE B
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/10/05-80035-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *William E. Riley*

**WILLIAM E. RILEY
PRESIDENT**

3/1/2005

954-492-8611

Date

Daytime Phone #