

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000001150

1. Entity Name

EQUIPMENT VALUATION MANAGEMENT, INC.



Principal Place of Business

15310 AMBERLY DR
SUITE 250
TAMPA, FL 33647

Mailing Address

15310 AMBERLY DR
SUITE 250
TAMPA, FL 33647



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3221443

Applied for
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LAGACE, DANIEL L
15310 AMBERLY DR
SUITE 250
TAMPA, FL 33647

**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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME LAGACE, DANIEL L.
STREET ADDRESS 15310 AMBERLY DR., STE. 250
CITY-STATE-ZIP TAMPA, FL

TITLE S
NAME LAGACE, GERALD A
STREET ADDRESS 1841 INGRAM AVE.
CITY-STATE-ZIP SARASOTA, FL

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01/09/04-80013-011 158.75

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/03

(813) 978-8657

Payee Phone #