

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90053 008 ***158.75

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	
2. Principal Place of Business 9009 QUAIL CREEK DR.		3. Mailing Address 9009 QUAIL CREEK DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33647		Zip 33647	
Country HILLSBOROUGH		Country HILLSBOROUGH	
4. FEI Number 59-3221443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAGACE, DANIEL L 15310 AMBERLY DR SUITE 250 TAMPA, FL 33647		7. Name and Address of New Registered Agent Name LAGACE, DANIEL L. Street Address (P.O. Box Number is Not Acceptable) 9009 QUAIL CREEK DR. City TAMPA FL Zip Code 33647	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAGACE, DANIEL L. 15310 AMBERLY DR., STE. 250 TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAGACE, DANIEL L. 9009 QUAIL CREEK DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAGACE, GERALD A 1841 INGRAM AVE. SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daniel L. Lagace DANIEL L. LAGACE 2/14/05 813-929-6605 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

20014433



02102005 Chg-P CR2E034 (10/03)