

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000071544

1. Entity Name  
AMERICAN ASSOCIATION OF BUSINESS VALUATION  
SPECIALISTS, INC.



Principal Place of Business  
644 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32301

Mailing Address  
644 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32301

FILED

04 APR 27 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3340408  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32301

**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 reinstating)

DATE

4/27/04

**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

000035821600  
05/10/04--01078--006 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
RHINEHART, RODEAN S  
2710 PINE RIDGE RD  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

878-3134

Robert S. Rhinehart, Jr.