

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90850 002 \*\*\*150.00

**DOCUMENT # P95000075919**

1. Entity Name  
**EVALUATION & MANAGEMENT ASSOCIATES, INC.**



Principal Place of Business  
**1622 SW 25TH ST.  
FORT LAUDERDALE, FL 33315**

Mailing Address  
**1622 SW 25TH ST.  
FORT LAUDERDALE, FL 33315**

40093699



04242007 Chg-P CR2E034 (12/06)

4. FEL Number  
**65-0617761** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**AMANN, LOUISE M  
461 NE 42ND ST.  
BOCA RATON, FL 33431**

Name **LOUISE M. AMANN**

Street Address (P.O. Box Number is Not Acceptable)

**13126 VIA VESTA**

City **DELRAY BEACH**

FL

Zip Code  
**33484**

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

*Louise M. Amann*

**4/22/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **PTD** ☐ Delete  
STREET ADDRESS **BAZEMORE, S. GORDON**  
CITY-ST-ZIP **1622 SW 25TH ST.  
FORT LAUDERDALE, FL 33315**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4-28-07**

Date

Daytime Phone #