

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017902

Entity Name: EVALUVEST INSURANCE SERVICES, INC.

Current Principal Place of Business:

1150 DOUGLAS AVENUE
1090
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1150 DOUGLAS AVENUE
1090
ALTAMONTE SPRINGS, FL 32714 UN

FEI Number: 20-4660214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRETT, RICHARD L
1150 DOUGLAS AVENUE
SUITE 1100
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MATTHEWS, DAVID W
Address 1150 DOUGLAS AVENUE
City-State-Zip: SUITE 1090 FL 32714

Title D
Name BARRETT, RL
Address 1150 DOUGLAS AVENUE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARRETT RL

D

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date