

**2015 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:** Yes

**Name and Address of Current Registered Agent:**

PIZZUTI, KRISTIN A  
1150 DOUGLAS AVENUE  
SUITE 1090  
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:** KRISTIN A PIZZUTI

04/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PIZZUTI, KRISTIN A  
Address 1150 DOUGLAS AVENUE  
1090  
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:** KRISTIN A PIZZUTI

**OFFICER / GENERAL  
AGENT**

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date