

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90033 019 ***150.00

DOCUMENT # 337104

1. Entity Name
EVANS INDUSTRIES, INC.



Principal Place of Business
200 RENAISSANCE CENTER, #3150
DETROIT, MI 48243

Mailing Address
200 RENAISSANCE CENTER, #3150
DETROIT, MI 48243

94037034



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1232914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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

**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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ST. ONGE, CHERYL
STREET ADDRESS	200 RENAISSANCE CENTER, #3150
CITY-ST-ZIP	DETROIT, MI 48243
TITLE	CDP
NAME	EVANS, ROBERT B JR.
STREET ADDRESS	200 RENAISSANCE CENTER, #3150
CITY-ST-ZIP	DETROIT, MI
TITLE	VP
NAME	Kevin Coleman
STREET ADDRESS	200 RENAISSANCE Center, #3150
CITY-ST-ZIP	Detroit MI 48243
TITLE	Vice-Chairman-Director
NAME	William Martin
STREET ADDRESS	200 Renaissance Ctr, Ste 3150
CITY-ST-ZIP	Detroit MI 48243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Cheryl StOnge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-04 / 313-259-2266