

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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
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04132007 No Chg-P CR2E034 (11/05)

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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ST. ONGE, CHERYL 200 RENAISSANCE CENTER, #3150 DETROIT, MI 48243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP EVANS, ROBERT B JR. 200 RENAISSANCE CENTER, #3150 DETROIT, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MARTIN, WILLIAM 200 RENAISSANCE CENTER, #3150 DETROIT, MI 48243
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05/02/07-80040-024 150.00

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: *Cheryl St. Onge* **CHERYL ST. ONGE** *4-13-07* **313-259-2266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #