


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90003 019 \*\*\*150.00

|  |                        |   |   |   |                                      |
|--|------------------------|---|---|---|--------------------------------------|
| <b>DOCUMENT # 369790</b>   |                        |   |   |  |                                      |
| 1. Entity Name<br>EVELYN F. NEVILLE, INC.  |                        |   |   |   |                                      |
| Principal Place of Business<br>2235 14TH AVE<br>VERO BEACH FLA, 32960 US   |                        |   | Mailing Address<br>DRAWER 3327<br>VERO BEACH, FL 32964 US |   |                                      |
| 2. Principal Place of Business   |                        | 3. Mailing Address  |   |   |                                      |
| Suite, Apt. #, etc.  |                        | Suite, Apt. #, etc.   |   |   |                                      |
| City & State   |                        | City & State  |   |   |                                      |
| Zip  | Country                | Zip   | Country   | 4. FEI Number<br>59-1305492   |                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                        |   |   | Applied For<br>Not Applicable   |                                      |
| 6. Name and Address of Current Registered Agent  |                        |   |   | 7. Name and Address of New Registered Agent                                       |                                      |
| NEVILLE, EVELYN F<br>2235 FOURTEENTH AVENUE<br>VERO BCH, FL 32960  |                        |   |   | Name  |                                      |
|  |                        |   |   | Street Address (P.O. Box Number is Not Acceptable)                                |                                      |
|  |                        |   |   | City  |                                      |
|  |                        |   |   | FL  | Zip Code                             |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                        |   |   |   |                                      |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |                                      |
| 10. OFFICERS AND DIRECTORS   |                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     |   |                                      |
| TITLE  | PD                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME   | NEVILLE, EVELYN F      |   | NAME  |   |                                      |
| STREET ADDRESS   | 2235 FOURTEENTH AVENUE |   | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  | VERO BCH, FL           |   | CITY-ST-ZIP   |   |                                      |
| TITLE  | AST                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME   | DEKOLD, RICHARD S      |   | NAME  |   |                                      |
| STREET ADDRESS   | 2237 FOURTEENTH AVENUE |   | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  | VERO BCH, FL 00000,    |   | CITY-ST-ZIP   |   |                                      |
| TITLE  | S                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME   | STEWART, WILLIAM J     |   | NAME  |   |                                      |
| STREET ADDRESS   | 3355 OCEAN DRIVE       |   | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  | VERO BCH, FL 00000,    |   | CITY-ST-ZIP   |   |                                      |
| TITLE  |                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME   |                        |   | NAME  |   |                                      |
| STREET ADDRESS   |                        |   | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  |                        |   | CITY-ST-ZIP   |   |                                      |
| TITLE  |                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME   |                        |   | NAME  |   |                                      |
| STREET ADDRESS   |                        |   | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  |                        |   | CITY-ST-ZIP   |   |                                      |
| TITLE  |                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition    |
| NAME   |                        |   | NAME  |   |                                      |
| STREET ADDRESS   |                        |   | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  |                        |   | 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: <u>Francine Novak - Francine Novak</u>  |                        |   | Date: <u>2/1/06</u>                                       |   | Daytime Phone #: <u>772 778 5100</u> |
| Co-Guardian for Evelyn F. Neville  |                        |   |   |   |                                      |