


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 369790

1. Entity Name
 EVELYN F. NEVILLE, INC.



Principal Place of Business
 311 S. 2ND STREET
 SUITE 200
 FORT PIERCE, FL 34950 US

Mailing Address
 P.O. BOX 1270
 FORT PIERCE, FL 34954 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1305492

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, CHESTER B ESQ.
 311 S. 2ND STREET
 FORT PIERCE, FL 34954

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DEKOLD, DONALD F. 4110 SW 63RD BLVD. GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEKOLD, RICHARD S 2410 54TH AVE. VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FERGUS DEKOLD, SHERRY L 6512 HIGHLAND OAK DR. GREENSBORO, NC 27410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/25/08-80027-023 150.00

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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: Donald F. DeKold Sherry L. DeKold Fergus ^{1/11/08} 772-464-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Donald F. DeKold Sherry L. DeKold Fergus ^{Date}

Daytime Phone #