

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003739

1. Entity Name
LAEVANS, INCORPORATED



Principal Place of Business
**719 HERMITAGE ROAD
 BURLINGTON, NC 27215**

Mailing Address
**P.O. BOX 1413
 MEBANE, NC 27302**



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **47-0935850** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOVETT, CHRISTOPHER
 1206 PARK CIRCLE
 TAMPA, FL 33604**

**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 *n/a*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

1100000418918
 02/14/06-80027-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT EVANS, HELEN P.O. BOX 1413 MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WATSON, KENNEDY 4814 HABANA AVE. #1803 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVETT, CHRISTOPHER 1206 PARK CIRCLE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACOUNT, LAMAR 3412 E. 28TH AVENUE TAMPA, FL 33605
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 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 617, 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: *Heleen Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

3365/26497
Daytime Phone #