

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F05000003739**

1. Entity Name  
**LAEVANS, INCORPORATED**



Principal Place of Business      Mailing Address

**719 HERMITAGE ROAD**      **P.O. BOX 1413**  
**BURLINGTON, NC 27215**      **MEBANE, NC 27302**



05032007 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>47-0935850</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | CPT<br>EVANS, HELEN<br>P.O. BOX 1413<br>MEBANE, NC 27302           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VC<br>WATSON, KENNEDY<br>4614 HABANA AVE. #1803<br>TAMPA, FL 33607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>LOVETT, CHRISTOPHER<br>1206 PARK CIRCLE<br>TAMPA, FL 33604    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | S<br>LACOUNT, LAMAR<br>3412 E. 26TH AVENUE<br>TAMPA, FL 33605      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |

**DO NOT WRITE IN THIS SPACE**

U00000763035  
 05/23/07-80038-010 61.25

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: *Helen Evans Helen Evans President*      5/3/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAY MONTH YEAR