2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with ag

SIGNATURE:

ANNUAL REPORT (AR) Mar 16, 2004 8:00 am DOCUMENT # P02000036722 **Secretary of State** 03-16-2004 90042 013 ***150.00 EVANSON CONSTRUCTION, INC. Principal Place of Business Mailing Address 521 ROBLES LN PONTE VEDRA BCH FL 32082 521 ROBLES LN PONTE VEDRA BCH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 01-0653914 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, LAWRENCE R ESQ. Street Address (P.O. Box Number is Not Acceptable) 3010 SOUTH 3RD STREET JACKONVILLE BEACH FL 32250 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME EVANSON, ERIC NAME STREET ADDRESS 521 ROBLES LN STREET ADDRESS PONTE VEDRA BCH FL 32082 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME EVANSON, MARILYN NAME STREET ADDRESS 521 ROBLES LN STREET ADDRESS PONTE VEDRA BCH FL 32082 CiTY-ST-Zif CITY-ST-ZIP TITLE 🖟 🔲 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ind does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report in of the corporation or the receiver or trustee and

FILED

Mar. 1, 04