

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088298

FILED
Jun 18, 2006
Secretary of State

Entity Name: EVANS LANDSCAPE MAINTENANCE, INC.

Current Principal Place of Business:

PO BOX 1464
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

PO BOX 1464
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 20-0267492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, BRETT
228 CRYSTAL BEACH AVENUE
CRYSTAL BEACH, FL 34681 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, BRETT T PD
Address: PO BOX 118
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: VD () Delete
Name: EVANS, TERESA R
Address: PO BOX 118
City-St-Zip: CRYSTAL BEACH, FL 34681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT EVANS

PD

06/18/2006

Electronic Signature of Signing Officer or Director

_____ Date