

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90046 022 \*\*\*150.00

**DOCUMENT # 207164**

1. Entity Name  
**EVANS GROVES, INC.**



Principal Place of Business  
**110 EAST BROADWAY  
OVIEDO, FL 32765 US**

Mailing Address  
**PO BOX 620460  
OVIEDO, FL 32765-0460 US**



02192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6060269</b>	Applied For 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**

**EVANS, CHARLES W  
110 EAST BROADWAY  
OVIEDO, FL 32765**

**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 *Charles W. Evans* **CHARLES W. EVANS** 2-19-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	EVANS, JOHN W JR
STREET ADDRESS	110 E BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	EVANS, DAVID LEE
STREET ADDRESS	110 E BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	EVANS, CLARA LEE
STREET ADDRESS	110 E BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	STD
NAME	EVANS, ARTHUR FRANK
STREET ADDRESS	110 E BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	PD
NAME	EVANS, CHARLES WM
STREET ADDRESS	110 E BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32765
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 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 *Charles W. Evans* **CHARLES W. EVANS** 2-19-08 407365-9435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #