

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 369790

1. Entity Name
EVELYN F. NEVILLE, INC.



Principal Place of Business
2235 14TH AVE
VERO BEACH FLA, 32960 US

Mailing Address
DRAWER 3327
VERO BEACH, FL 32964 US



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1305492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEVILLE, EVELYN F
2235 FOURTEENTH AVENUE
VERO BCH, FL 32960

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000188509

01/24/05-80053-020-150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEVILLE, EVELYN F
STREET ADDRESS 2235 FOURTEENTH AVENUE
CITY-ST-ZIP VERO BCH, FL

TITLE AST
NAME DEKOLD, RICHARD S
STREET ADDRESS 2237 FOURTEENTH AVENUE
CITY-ST-ZIP VERO BCH, FL 00000,

TITLE S
NAME STEWART, WILLIAM J
STREET ADDRESS 3355 OCEAN DRIVE
CITY-ST-ZIP VERO BCH, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

Evelyn F. Neville by Handwritten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date

772-778-5100
Daytime Phone #

Co-Boardman