

2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90013 016 ***150.00

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01232007 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 311 S. 2nd Street		3. Mailing Address P.O. Box 1270	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Fort Pierce, FL		City & State Fort Pierce, FL	
Zip 34950	Country	Zip 34954	Country St. Lucie
6. Name and Address of Current Registered Agent NEVILLE, EVELYN F 2235 FOURTEENTH AVENUE VERO BCH, FL 32960		7. Name and Address of New Registered Agent Name Chester B. Griffin, Esq. Street Address (P.O. Box Number is Not Acceptable) 311 S. 2nd Street City Fort Pierce FL Zip Code 34954	
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 <u>Chester B. Griffin, Esq.</u>  <u>2/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEVILLE, EVELYN F 2235 FOURTEENTH AVENUE VERO BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/D DeKold, Donald F. 4110 SW 63rd Blvd. Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST DEKOLD, RICHARD S 2237 FOURTEENTH AVENUE VERO BCH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D DeKold, Richard S. 2410 54th Avenue Vero Beach, FL 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEWART, WILLIAM J 3355 OCEAN DRIVE VERO BCH, FL 00000, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S/D Fergus, Sherry L. DeKold 6512 Highland Oak Drive Greensboro, NC 27410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Donald F. DeKold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Donald F. DeKold		<u>Sherry L. DeKold Fergus</u> <u>2/7/07</u> <small>Date</small> Sherry L. DeKold Fergus <small>Daytime Phone #</small> 772-464-8200	