



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 369790 1. Entity Name EVELYN F. NEVILLE, INC.			
Principal Place of Business 311 S. 2ND STREET SUITE 200 FORT PIERCE, FL 34950 US		Mailing Address P.O. BOX 1270 FORT PIERCE, FL 34954 US	
DO NOT WRITE IN THIS SPACE			
		 01082008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1305492 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, CHESTER B ESQ. 311 S. 2ND STREET FORT PIERCE, FL 34954		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DEKOLD, DONALD F. 4110 SW 63RD BLVD. GAINESVILLE, FL 32608		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEKOLD, RICHARD S 2410 54TH AVE. VERO BEACH, FL 32966		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FERGUS DEKOLD, SHERRY L 6512 HIGHLAND OAK DR. GREENSBORO, NC 27410		
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 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> Donald F. Dekold		1/11/08 <u>Sherry L. Dekold Fergus</u> Sherry L. Dekold Fergus 772-464-8200 Daytime Phone #	