

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 413486

1. Entity Name
EVELAND BROTHERS, INC.



Principal Place of Business
12790 AUTOMOBILE BLVD
CLEARWATER, FL 33762-4719

Mailing Address
12790 AUTOMOBILE BLVD
CLEARWATER, FL 33762



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1526569

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVELAND, SHEILA M
1918 DOLPHIN BLVD S
ST PETERSBURG, FL 33707

**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, 2008 Fee will be \$550.00

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

000000782219
01/15/08-80067-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME EVELAND, SHEILA M
STREET ADDRESS 1918 DOLPHIN BLVD S
CITY-ST-ZIP ST PETERSBURG, FL

TITLE VS
NAME EVELAND, MICHAEL M
STREET ADDRESS 5946 BAYVIEW CIRCLE
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE V
NAME EVELAND, WILLIAM P
STREET ADDRESS 6537 POMPAO PLACE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL

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: **SHEILA M EVELAND, PRESIDENT** **01-04-2008** **727-573-1107**

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #