

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 454910

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** EVERS WOOD PRODUCTS, INC.

**Current Principal Place of Business:**

2881 OLD CANOE CREEK RD.  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

2881 OLD CANOE CREEK RD.  
ST. CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 59-1541069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVERS, LARRY D  
2881 OLD CANOE CREEK RD  
ST CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EVERS, LARRY D  
Address: 6975 RANCHERO CT  
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP  
Name: EVERS, SALLY A  
Address: 6975 RANCHERO CT.  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY D EVERS

PRES

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date