
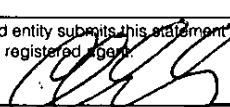
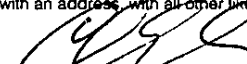


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90438 013 ***150.00

DOCUMENT # 613714							
1. Entity Name EVA-TONE, INC.							
Principal Place of Business 4801 ULMERTON ROAD CLEARWATER, FL 34622			Mailing Address 4801 ULMERTON ROAD CLEARWATER, FL 34622				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-1901786				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			7. Name and Address of New Registered Agent				
EVANS, R.EVAN 4801 ULMERTON ROAD CLEARWATER, FL 33706			Name CARL EVANS				
			Street Address (P.O. Box Number is Not Acceptable) 4801 ULMERTON ROAD				
			City CLEARWATER		FL	Zip Code 33706	
			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: 			DATE: 4/27/06				
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CDM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVANS, R. EVAN		NAME				
STREET ADDRESS	2803 BLUFFS DR		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP				
TITLE	VDM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVANS, LUELLA		NAME				
STREET ADDRESS	2803 BLUFFS DR		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP				
TITLE	SDM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVANS, MARK		NAME				
STREET ADDRESS	9502 120TH ST N		STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP				
TITLE	VDM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BABCOCK, WILLIAM		NAME				
STREET ADDRESS	12445 94TH AVENUE NORTH		STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP				
TITLE	PDM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVANS, CARL		NAME				
STREET ADDRESS	2027 LONG BRANCH LANE		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			DATE: 4/27/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			Daytime Phone # (727) 572-7076				

20042014



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