


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90115 035 ***150.00

DOCUMENT # 637414	
1. Entity Name EVANS LAND COMPANY	

Principal Place of Business P.O. BOX 1685 NEW SMYMA BCH, FL 32170-1685	Mailing Address P.O. BOX 1685 NEW SMYMA BCH, FL 32170-1685 US
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2. Principal Place of Business 504 1/2 N. RIVERSIDE DR Suite, Apt. #, etc.	3. Mailing Address AS ABOVE Suite, Apt. #, etc.
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City & State NEW SMYRNA BEACH, FL	City & State AS ABOVE
Zip 32168	Country USA



04282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent OSWALD, KENNETH F., ESQ. 600 COURTLAND STREET, S-110 ORLANDO, FL 32804	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S EVANS, LAURA M P.O. BOX 1685 NEW SMYMA BCH, FL 321701685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD EVANS, JERRY C P.O. BOX 1685 NEW SMYMA BCH, FL 321701685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  **JERRY C. EVANS** Date **5/3/04** (386) 23-8884



Attachment
24072566
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **637414**

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The charge for your Annual Report is
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Division of Corporations

Annual Report

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Document Number

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Business Entity Name

EVANS LAND COMPANY

FEI Number

591937898

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

P.O. BOX 1685

Suite, Apt. #, etc.

City, State

NEW SMYMA BCH

FL

Zip Code & Country

321701685

Mailing Address

Address

P.O. BOX 1685

Suite, Apt. #, etc.

City, State

NEW SMYMA BCH

FL

Zip Code & Country

321701685

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

OSWALD, KENNETH F., ESQ.

Address

600 COURTLAND STREET, S-110

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code & Country

32804

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Continue

Reset

Ala. State
24072546 632914

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

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Document Number

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Business Entity Name

EVANS LAND COMPANY

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country