

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000082

Entity Name: EVANOVICH, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

3240 FORT CHARLES DRIVE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

PO BOX 2829
NAPLES, FL 34106

New Mailing Address:

FEI Number: 54-1749764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUJSA, HOWARD M ESQ.
3001 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

CLASP, INC.
3001 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34102 US

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: HOWARD M HUJSA, VP

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: EVANOVICH, JANET
Address: PO BOX 2829
City-St-Zip: NAPLES, FL 34106

Title: VCVP () Delete
Name: EVANOVICH, PETER S
Address: PO BOX 2829
City-St-Zip: NAPLES, FL 34106

Title: TD () Delete
Name: EVANOVICH, PETER S
Address: PO BOX 2829
City-St-Zip: NAPLES, FL 34106

Title: S (X) Delete
Name: EVANOVICH, ALEXANDRA
Address: 591 PUTTER POINT PLACE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: EVANOVICH, JANET
Address: PO BOX 2829
City-St-Zip: NAPLES, FL 34106 US

Title: DVT (X) Change () Addition
Name: EVANOVICH, PETER S
Address: PO BOX 2829
City-St-Zip: NAPLES, FL 34106 US

Title: S (X) Change () Addition
Name: EVANOVICH, ALEXANDRA
Address: 591 PUTTER POINT PLACE
City-St-Zip: NAPLES, FL 34103 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER S EVANOVICH

V

04/21/2008

Electronic Signature of Signing Officer or Director

Date