

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000082

Entity Name: EVANOVICH, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

3240 FORT CHARLES DRIVE
NAPLES, FL 34102

New Principal Place of Business:

3001 TAMIAMI TRAIL NORTH
STE 400
NAPLES, FL 34103 US

Current Mailing Address:

PO BOX 2829
NAPLES, FL 34106

New Mailing Address:

PO BOX 2829
NAPLES, FL 34106 US

FEI Number: 54-1749764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: HELLER, ALEXANDRA E
Address: PO BOX 2829
City-St-Zip: NAPLES, FL 34106 US

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

DVT

03/02/2009

Electronic Signature of Signing Officer or Director

Date