


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F86970 1. Entity Name EVANS FARMS, INC.	
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Principal Place of Business % THOMAS P. EVANS 10605 ILEX ST TAMPA, FL 33618	Mailing Address % THOMAS P. EVANS 10605 ILEX ST TAMPA, FL 33618
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02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2203299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVANS, THOMAS P. 10605 ILEX ST TAMPA, FL 33618
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000643157 03/01/07-80074-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, BETTY D 10605 ILEX STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, THOMAS P 10605 ILEX STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, THOMAS D. 1401 DORSETT PLACE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas P. Evans Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

2/15/07 *(813) 952-2898*
Date Daytime Phone #