

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86970

Entity Name: EVANS FARMS, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

% THOMAS P. EVANS  
10605 ILEX ST  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

% THOMAS P. EVANS  
10605 ILEX ST  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 59-2203299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, THOMAS P.  
10605 ILEX ST  
TAMPA, FL 33618 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: D ( ) Delete  
Name: EVANS, BETTY D,  
Address: 10605 ILEX STREET  
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete  
Name: EVANS, THOMAS P,  
Address: 10605 ILEX STREET  
City-St-Zip: TAMPA, FL

Title: VP ( ) Delete  
Name: EVANS, THOMAS D.,  
Address: 1401 DORSETT PLACE  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EVANS, BETTY D,  
Address: 10605 ILEX STREET  
City-St-Zip: TAMPA, FL 33618

Title: PD (X) Change ( ) Addition  
Name: EVANS, THOMAS P,  
Address: 10605 ILEX STREET  
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change ( ) Addition  
Name: EVANS, THOMAS D.,  
Address: 1401 DORSETT PLACE  
City-St-Zip: TAMPA, FL 33612

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: THOMAS P. EVANS

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date