

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

04 JUL 29 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07262004 Chg-P CR2E034 (10/03)

DOCUMENT # G46236					
1. Entity Name EVANS/MICHAEL & ASSOCIATES, INC.					
Principal Place of Business 11197 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837			Mailing Address 11197 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2306713			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EVANS, DEREK S 13256 GLACIER NATIONAL DRIVE 5202 ORLANDO, FL 32837			Name HERMAN EVANS JR.		
			Street Address (P.O. Box Number is Not Acceptable)		
			3417 Gulfstream Road		
			City ORLANDO FL Zip Code 32805		
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 <i>Herman Evans Jr.</i>			DATE 07/29/04		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DEREK		NAME	EVANS, DEREK	
STREET ADDRESS	13256 GLACIER NATIONAL DRIVE #5202		STREET ADDRESS	12036 EROCUS STREET	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, HERMAN P		NAME	EVANS III, HERMAN P.	
STREET ADDRESS	13828 TIMBERLAKE DR 202		STREET ADDRESS	13828 Timberlake Dr. 202	
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RHONDA		NAME		
STREET ADDRESS	3417 GULFSTREAM RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EVANS(JR) HERMAN	
STREET ADDRESS			STREET ADDRESS	3417 GULFSTREAM ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Herman Evans Jr.</i>			DATE 07/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		