2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 08:00 AN Secretary of State **DOCUMENT # G46236** 1. Entity Name EVANS/MICHAEL & ASSOCIATES, INC. Principal Place of Business Mailing Address 11197 SOUTH ORANGE BLOSSOM TRAIL 11197 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 ORLANDO, FL 32837 No Chg-P CR2E034 (11/05) 03242008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-2306713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent EVANS, HERMAN JR. DO NOT WRITE 3417 GULFSTREAM ROAD ORLANDO, FL 32805 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 Soneture, typed or printed name of registered egent and title if approachle. (NOTE: Registered Agent signature required when reinstating) 0000000877566 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 04/14/08-80019-018 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME EVANS, DEREK 12036 ERACUS STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 TITLE EVANS, III, HERMAN P NAME 13828 TIMBERLAKE DR 202 STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32824 VΡ TITLE **EVANS. RHONDA** NAME 3417 GULFSTREAM RD STREET ADDRESS DO NOT WRITE CITY-ST-ZP ORLANDO, FL 32805 IN THIS SPACE TITLE **EVANS, JR., HERMAN** NAME STREET ADORESS 3417 GULFSTREAM ROAD CITY-ST-ZIP ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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 supplierrental 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 the proposered.