


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90048 031 ***150.00

DOCUMENT # G80378
 1. Entity Name
EVELYN & ARTHUR, INC.




Principal Place of Business Mailing Address
100 NORTH COUNTY ROAD 100 NORTH COUNTY ROAD
PALM BEACH FL 33480 PALM BEACH FL 33480

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2398038** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEWIS, ARTHUR
7677 BELLA VERDE WAY
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, ARTHUR	
STREET ADDRESS	7677 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEISSMAN, ADRIANNE	
STREET ADDRESS	5900 OUR ROBBIES RD.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEISSMAN, FREDRIC	
STREET ADDRESS	5900 OUR ROBBIES RD.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MITCHELL LEWIS	
STREET ADDRESS	7764 MONTECITO PL.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAYNE LEWIS	
STREET ADDRESS	7764 MONTECITO PL.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Adrienne Weissman **3/30/04** **(61) 585-4001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #