


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90116 050 ***150.00

DOCUMENT # H41415 1. Entity Name J. EVANS ASSOCIATES, INC.	
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Principal Place of Business C/O JAMES W. EVANS 118 HARROPS GLEN WILLIAMSBURG, VA 23185	Mailing Address C/O JAMES W. EVANS 118 HARROPS GLEN WILLIAMSBURG, VA 23185
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50000725



02202006 No Chg-P CR2E034 (11/05)

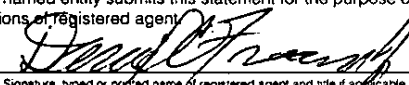
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2489064	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, JAMES W. 748 GREPE MYRTLE CIRCLE APOPKA, FL 32712	Daniel C. Freeman, Jr., CPA 128 Oxford Road Casselberry, FL 32730
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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  DATE 2/22/06

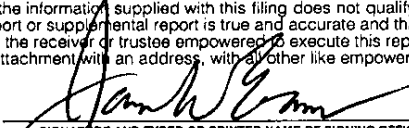
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JAMES W. 118 HARROPS GLEN WILLIAMSBURG, VA 23185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS EVANS, ANNE T. 118 HARROPS GLEN WILLIAMSBURG, VA 23185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **JAMES W EVANS** 2-20-06 757-345-5403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #