07-08-2005 90023 001 ***150.00

H46017

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 19 PM 1:23

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H46017

1. Entity Name
EVANS HOME CENTER OF BAY COUNTY, INCORPORATED

Principal Place of Business	Mailing Address
17760 BACK BEACH RD PANAMA CITY BEACH, FL 32413	P.O. BOX 14157 PANAMA CITY BEACH, FL 32413

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
17760 Panama City Bch Pkwy	
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Panama City Beach, FL	City & State
Zip: 32413 Country	Zip Country

4. FEI Number 59-2510579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SYFRETT, RAYMOND L. 311 MAGNOLIA AVE P.O. BOX 1186 PANAMA CITY, FL 32401	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 ______ DATE ______

FILE NOW!! FEE IS $150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAD, WILLIAM M. 1600 WEAKFISH PANAMA CITY BCH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAD, WILLIAM M. 14834 BAYVIEW CR. Panama City Bch, FL	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

W. M. Head, President

SIGNATURE: W M Head, President 7-5-05

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