2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H48133

1. Entity Name
EVANS MARKET, INC.

Principal Place of Business	Mailing Address
121 N. HWY. 17-92 HAINES CITY, FL 33844	121 N. HWY. 17-92 HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

FILED

2007 SEP 18 AM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07242007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2509937		Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, ETOYLE
121 N HWY 17-92
HAINES CITY, FL

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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 *Etoyle Evans*

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

DATE 9-13-2007

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

00109570081
09/18/07--01024--008 **550.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	EVANS, ETOYLE
STREET ADDRESS	121 N HWY 17-92
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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: *Etoyle Evans*   9-13-2007

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