

**2004 FORTUNE PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 108421

1. Entity Name
EVCO, INC.



Principal Place of Business
**1251 US 275
SEBRING, FL 33872 US**

Mailing Address
**1820 JIM LANE
SEBRING, FL 33870 US**

DO NOT WRITE IN THIS SPACE



08102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2671492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCOLLUM, OBERHAUSEN & T L
129 S. COMMERCE AVENUE
SEBRING, FL 33870**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

TITLE	D
NAME	SANTOS, ROMAN
STREET ADDRESS	1521 W PROSPECT
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	SOLYNTJES, THOMAS
STREET ADDRESS	1515 PROSPECT
CITY-ST-ZIP	SEBRING, FL
TITLE	TD
NAME	OHRT, EVERETT R.
STREET ADDRESS	1155 GOLDSIDE DR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	D
NAME	OHRT, FLORENE
STREET ADDRESS	1155 GOLFSHIRE DR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	DP
NAME	OHRT, JAMES E
STREET ADDRESS	212 KITE ST.
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/04-80001-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

Everett R. Ohrt **Everett R. Ohrt**

8-11-04

863-385-3289

Date

Daytime Phone #