2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H98421

1. Entity Name
EVCO, INC.

Principal Place of Business	Mailing Address
1251 US 275 SEBRING, FL 33872 US	1820 JIM LANE SEBRING, FL 33870 US

02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
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. ☐ **$5.00** May Be Added to Fees

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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03/06/06-00049-023 150.00

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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: Santos Roman 2/20/06 863-385-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #