2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98421

Entity Name: EVCO, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
1251 US 27 SEBRING,		US			
Current Mailing Address:			New Maili	New Mailing Address:	
1820 JIM LANE SEBRING, FL 33870		US			
FEI Number: 59-2671492		FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
	IM, OBERHA MMERCE AV FL 33870				
	named entity of Florida.	submits this statement for the p	urpose of changing	its registered office or registered agent, or both,	
SIGNATUF	RE:				
		onic Signature of Registered Age	ent	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (ROMAN, SAN 1521 W PRO SEBRING, FL	SPECT DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (SOLYNTJES, 1515 PROSP SEBRING, FL	ECT DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SOLYNTJES, THOMAS 1515 PROSPECT DR. SEBRING, FL 33870	
Title: Name: Address: City-St-Zip:	TD (OHRT, EVERI 773 GOLFSIE SEBRING, FL	DE LN.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (OHRT, FLORI 773 GOLFSIE SEBRING, FL	DE LN.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DP (OHRT, JAME: 212 KITE AVE SEBRING, FL	≣ .	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. OHRT PRES 04/30/2008