2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2008
Secretary of State

DOCUMENT# J09316

Entity Name: LORAYNE J. EVANS, INC.

Current Principal Place of Business:

3430 HIGHWAY 77
SUITE D
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

3430 HIGHWAY 77
SUITE D
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-2664695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, LORAYNE J.
3430 HIGHWAY 77
SUITE D
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EVANS, LORAYNE J.,
Address: 301 ALEXANDER DR
City-St-Zip: LYNN HAVEN, FL

Title: D ( ) Delete
Name: EVANS, HENRY H. III,
Address: 301 ALEXANDER DRIVE
City-St-Zip: LYNN HAVEN, FL

Title: M/D ( ) Delete
Name: EVANS, CHAD E
Address: 301 ALEXANDER DR
City-St-Zip: LYNN HAVEN, FL

Title: M/D ( ) Delete
Name: EVANS, HEATH A
Address: P.O. BOX 1878
City-St-Zip: LYNN HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EVANS, LORAYNE J.,
Address: 301 ALEXANDER DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition
Name: EVANS, HENRY H. III,
Address: 301 ALEXANDER DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: M/D (X) Change ( ) Addition
Name: EVANS, CHAD E
Address: 301 ALEXANDER DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: M/D (X) Change ( ) Addition
Name: EVANS, HEATH A
Address: 5948 FOREST LAKES COVE
City-St-Zip: STERRETT, AL 35147

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: LORAYNE J. EVANS PRES 04/19/2008

Electronic Signature of Signing Officer or Director Date