

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # J39516

1. Entity Name

EVANS & SON LTD. INC.



Principal Place of Business

EVANS & SON
250 SOUTH BEACH STREET
DAYTONA BEACH FL 32114-4407
US

Mailing Address

EVANS & SON
250 SOUTH BEACH STREET
DAYTONA BEACH FL 32114-4407
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2775169

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWER, ALLAN
250 S. BEACH ST.
DAYTONA FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Not E. Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P BREWER, ALLAN 250 S BEACH ST DAYTONA BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S EVANS, CHRIS 1924 SECLUSION DR DAYTONA BEACH FL 32114	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Allan Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07
Date

386-255-5922
Daytime Phone #