

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90240 005 ***150.00

DOCUMENT # K26131

1. Entity Name
EVBOL, INC.



Principal Place of Business
3763 ENTERPRISE AVE
NAPLES, FL 34104

Mailing Address
3763 ENTERPRISE AVE
NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0064428

Applied For
Not Applicable

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

MARCH, THOMAS
3763 ENTERPRISE AVENUE
NAPLES, FL 34104

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 ☐ Delete
NAME SCANLAN, BRIAN
STREET ADDRESS 5518 SUNRISE DR.
CITY - ST - ZIP FT. MYERS, FL

TITLE DR ☐ Delete
NAME GAVIN, JOHN
STREET ADDRESS 1349 CHALON LANE
CITY - ST - ZIP FT. MYERS, FL

TITLE DR ☐ Delete
NAME MARCH, THOMAS
STREET ADDRESS 28057 WESTBROOK DR
CITY - ST - ZIP BONITA SPRINGS, FL

TITLE DR ☐ Delete
NAME APGARSCHMITT, PEGGY
STREET ADDRESS 21400 CORKSCREW RD
CITY - ST - ZIP ESTERO, FL

TITLE DR ☐ Delete
NAME BOOTH, DANNY
STREET ADDRESS 2811 S.E. 22ND PL
CITY - ST - ZIP CAPE CORAL, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04
Date

239-435-3940
Daytime Phone #