

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64862

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: C. J. EVANS AND ASSOCIATES INC.

**Current Principal Place of Business:**

% CRAIG J. EVANS  
1800 S OCEAN BLVD., #1101  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

% CRAIG J. EVANS  
1800 S OCEAN BLVD., #1101  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 65-0182353      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS, CRAIG J.  
1800 S OCEAN BLVD  
STE 1101  
POMPANO BCH, FL 33062 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, CRAIG J.,  
Address: 1800 S OCEAN BLVD STE 1101  
City-St-Zip: POMPANO BCH, FL 33062

Title: V ( ) Delete  
Name: EVANS, LIANE S.,  
Address: 1800 S OCEAN BLVD STE 1101  
City-St-Zip: POMPANO BCH, FL 33062

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: EVANS, ERIK T  
Address: 1800 S OCEAN BLVD STE 1101  
City-St-Zip: POMPANO BCH, FL 33062

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: CRAIG J. EVANS

D

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date