

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64862

**FILED**  
**Feb 15, 2012**  
**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  
P.O. BOX 301  
LIBERTY, MO 64069

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: EVANS, RENEE L  
Address: P.O. BOX 301  
City-St-Zip: LIBERTY, MO 64069

Title: S  
Name: EVANS, ERIK T  
Address: P.O. BOX 301  
City-St-Zip: LIBERTY, MO 64069

I hereby 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 all other like empowered.

SIGNATURE: CRAIG J EVANS

D

02/15/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date