

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36309

FILED
Feb 27, 2008
Secretary of State

Entity Name: EVAN THOMAS ASSOCIATES, INC.

Current Principal Place of Business:

111 SOUTH ALBANY AVENUE
SUITE 101
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

111 SOUTH ALBANY AVENUE
SUITE 101
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-2981577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURTON, GLEN
BURTON, SCHULTE, WEEKLY, HOELER, POE
100 SOUTH ASHLEY DRIVE, SUITE 600
TAMPA, FL 33602 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: RATCHFORD, THOMAS L.,
Address: 111 SOUTH ALBANY AVENUE
City-St-Zip: TAMPA, FL 33606 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: RAECKERS, GARY L
Address: 111 SOUTH ALBANY AVENUE, SUITE 101
City-St-Zip: TAMPA, FL 33606

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: THOMAS L RATCHFORD

D

02/27/2008

Electronic Signature of Signing Officer or Director

_____ Date