

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 21, 2006 8:00 am
Secretary of State**

05-22-2006 90044 014 ***100.00

06-21-2006 90001 036 ****50.00

DOCUMENT # P00000049288

1. Entity Name
SUSAN D. EVANS, P.A.



Principal Place of Business
**1404 GOODLETTE RD N
NAPLES, FL 34102**

Mailing Address
**1404 GOODLETTE RD N
NAPLES, FL 34102**

40096410



DO NOT WRITE IN THIS SPACE

05032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3650971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EVANS, SUSAN D
1404 GOODLETTE RD N
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2006**

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
EVANS, SUSAN D.
1404 GOODLETTE RD N.
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan D Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/3/06 Daytime Phone #