


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90025 040 \*\*\*150.00

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
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2. Principal Place of Business - No P.O. Box # 6622 Willow Park Drive	3. Mailing Address 6622 Willow Park Drive
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Naples, FL	City & State Naples, FL
Zip 34109	Country USA



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3650971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EVANS, SUSAN D 1404 GOODLETTE RD N NAPLES, FL 34102	7. Name and Address of New Registered Agent Name: EVANS, SUSAN D. Street Address (P.O. Box Number is Not Acceptable): 6622 Willow Park Drive Suite 202 City: Naples FL Zip Code: 34109
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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: Susan D. Evans DATE: 1/7/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, SUSAN D 1404 GOODLETTE RD N. NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, SUSAN D. 6622 Willow Park Dr., Suite 202 Naples FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 1/7/08 (239) 598-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR