

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

03-09-2004 90006 044 ***150.00

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1. Entity Name
EVELINA'S SUPPORT SERVICES, INC.



Principal Place of Business
**104 VANGOGH WAY
SUITE 205-B
ROYAL PALM BEACH FL 33411
US**

Mailing Address
**PO BOX 211453
WEST PALM BEACH FL 33421**

66414007



MOORE CR2E034 (11/03)

2. Principal Place of Business
104 Vangogh Way

3. Mailing Address
PO BOX 211453

Suite, Apt. #, etc.
1

City & State
Royal Palm Bch FL

City & State
RPB FL

Zip
33411

Country
Palm Beach

Zip
33421

Country
Palm Bch

4. FEI Number
65-1030051

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BESSENT, EVELINA
104 VAN GOGH WAY
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent
Name
Evelina Besent
Street Address (P.O. Box Number is Not Acceptable)
104 Vangogh Way
City
Royal Palm Bch FL Zip Code
33411

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 DATE **3/14/04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME BESSENT, EVELINA	
STREET ADDRESS 11440 OKEECHOBEE BLVD. STE 205-B	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411	
TITLE Director	<input type="checkbox"/> Delete
NAME EVELINA BESSENT	
STREET ADDRESS 	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Evelina Besent	
STREET ADDRESS 104 Vangogh Way	
CITY-ST-ZIP RPB FL 33411	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE **3/14/04** 561-783 9858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR