

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118611

Entity Name: EVALCOR, INC.

FILED  
Feb 03, 2006  
Secretary of State

## Current Principal Place of Business:

15925 OLD US HWY 441  
TAVARES, FL 32778 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1363  
MOUNT DORA, FL 327561363 US

## New Mailing Address:

P.O. BOX 428  
TAVARES, FL 32778 US

FEI Number: 22-3850946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: PSDT ( ) Delete  
Name: BEYER, JAMES V  
Address: PO BOX 428  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Delete  
Name: BEYER, DENISE R  
Address: PO BOX 428  
City-St-Zip: TAVARES, FL 32778

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM V BEYER

PSDT

02/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date