

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048196

FILED
Jan 13, 2005
Secretary of State

Entity Name: NICK EVANS & ASSOCIATES INC.

Current Principal Place of Business:

702 SAXON PALM COURT
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

804 22ND AVENUE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

702 SAXON PALM COURT
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

804 22ND AVENUE
NEW SMYRNA BEACH, FL 32169

FEI Number: 03-0439548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, NICHOLAS O MR
702 SAXON PALM COURT
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

EVANS, NICHOLAS O MR
804 22ND AVENUE
NEW SMYRNA BEACH, FL 32169 US

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: NICHOLAS O EVANS

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EVANS, NICHOLAS O
Address: 702 SAXON PALM COAST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: EVANS, CYNTHIA A
Address: 702 SAXON PALM COAST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: EVANS, NICHOLAS O
Address: 804 22ND AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change () Addition
Name: EVANS, CYNTHIA A
Address: 804 22ND AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS O EVANS

PSD

01/13/2005

Electronic Signature of Signing Officer or Director

Date