## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 22, 2006 08:00 Al DOCUMENT # P02000108488 **Secretary of State** EVAN J. REALTY, INC. Principal Place of Business Mailing Address 4850 AUGUSTA AVE. 4850 AUGUSTA AVE. OLDSMAR, FL 34677 OLDSMAR, FL 34677 No Chg-P CR2E034 (11/05) 03182006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0647230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 6. Name and Address of Current Registered Agent NEENAN, JOHN P DO NOT WRITE 4850 AUGUSTA AVE. OLDSMAR, FL 34677 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. ${\color{blue}{\sf SIGNATURE}} \underline{\phantom{}}_{{\color{blue}{\sf Signature, typed or printed name of registered agent and title if applicable}}$ (NOTE Registered Agent signature required when reinstating) U00000477216 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 04/06/06-80043-011 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PRES NAME NEENAN, JOHN P 4850 AUGUSTA AVE STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplie mental 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 received 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 attagriment of the received or trustee empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATUR

**FILED** 

Daytime Phone #