2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State
08-29-2006 90005 036 ***550.00

DOCUMENT #: P02000129723

1. Entity Name
EVERMAN & EVERMAN, INC.

Principal Place of Business	Mailing Address
1101 1/2 NORTH OLIVE AVE. W. PALM BCH FL 33401 ↑ delete "1/2"	~~1101 1/2 NORTH OLIVE AVE. W. PALM BCH FL 33401~~

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
1101 N. Olive Ave.	221 Monroe Dr.
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. W. Palm Beach, FL 33405
City & State	City & State 33405 P.B. County
Zip / Country P.B.	Zip / Country

4. FEI Number 75-3089518 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVERMAN, JUDY 1101 1/2 NORTH OLIVE AVE. W. PALM BCH FL 33401	Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Judy Everman — DATE 8/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EVERMAN, JUDY 1101 ~~1/2~~ NORTH OLIVE AVE. W. PALM BCH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVERMAN, AMY 1101 ~~1/2~~ NORTH OLIVE AVE. W. PALM BCH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Judy Everman Judy Everman — 8/1/06 — 561.659-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #