2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90096 008 ***150.00

DOCUMENT # P02000129723

1. Entity Name
EVERMAN & EVERMAN, INC.

Principal Place of Business	Mailing Address
1101 NORTH OLIVE AVE. W. PALM BCH FL 33401	221 MONROE DR. WEST PALM BEACH FL 33405

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 Street Address (P.O. Box Number is Not Acceptable) 1101 North Olive Ave. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 ←
After May 1, 2007 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EVERMAN, JUDY		NAME		
STREET ADDRESS	1101 NORTH OLIVE AVE		STREET ADDRESS	221 Monroe Dr.	
CITY-ST-ZIP	W. PALM BCH FL 33401		CITY-ST-ZIP	W. Palm Beach, FL 33405	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EVERMAN, AMY		NAME		
STREET ADDRESS	1101 NORTH OLIVE AVE		STREET ADDRESS	221 Monroe Dr.	
CITY-ST-ZIP	W. PALM BCH FL 33401		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, Pres 3/17/07 561-659-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #