


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90281 034 ***150.00

DOCUMENT # P03000096281 1. Entity Name EVG, INC					
Principal Place of Business 7709 PEBBLE CREEK CIRCLE, SUITE 301 NAPLES, FL 34108				Mailing Address 7709 PEBBLE CREEK CIRCLE, SUITE 301 NAPLES, FL 34108	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 285 Grande Way, Suite 1201		Suite, Apt. #, etc. 285 Grande Way, Suite 1201			
City & State NAPLES FL		City & State NAPLES, FL		4. FEI Number 65-0482917	
Zip 34110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRIFFIN, ELIZABETH V 7709 PEBBLE CREEK CIRCLE, SUITE 301 NAPLES, FL 34103				Name _____ Street Address (P.O. Box Number is Not Acceptable) 285 Grande Way Suite 1201 City NAPLES FL Zip Code 34110	
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 <i>Elizabeth V. Griffin</i> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE <i>4-15-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GRIFFIN, ELIZABETH V 7709 PEBBLE CREEK CIRCLE, SUITE 301 NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) 285 Grande Way, Suite 1201 NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, 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: <i>Elizabeth V. Griffin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>4-15-05</i> DAYTIME PHONE # <i>239-594-1700</i>	