2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 08:00 Al

ANNUAL REPORT				Secretary of State			
DOCU	MENT # P030001399		Secretary of State				
Entity Name LONNIE G. EVANS-BUILDER, INC.							
	_, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Plac	ce of Business	Mailing Address					
10415 CENT		10415 CENTRAL AVE					
COLEMAN, F	L 33321	COLEMAN, FL 33521					
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Г	O NOT WRITE	CE	04132007	No Chg-P	CR2E034 (11/05)		
_	O NO! WINIE	III IIIIO OI A	OL .	4. FEI Number 11-370			plied For t Applicable
		•		5. Certificate	of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent			1, 4		
ЅМІТН, ВІ			DΩ	NOT W	RITE	s'.	
	TRAL AVE A, FL 32784						
• • • • • • • • • • • • • • • • • • • •	,			IN	THIS SP	ACE	
	•						
	anamed entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE.		•	•		•		
SIGNATURE.	Signature, typed or printed name of registered agent and	ulle if applicable (NOTE: Registere	d Agent signature required	when reinstating)	· ·-	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	I		04 /26 /07	0713526 -80093-012-15	
TITLE NAME	PD EVANS, LONNIE G				- 04/ 50/ 01		50.00
STREET ADDRESS							
CITY-ST-ZIP	COLEMAN, FL 33521	• •	-		•	,	
TITLE NAME	EVANS, CAROLINE				•	•,	, .
STREET ADDRESS CITY-ST-ZIP	10415 CENTRAL AVE COLEMAN, FL 33521	•					ļ
TITLE	COLEIVIAN, FL 33321						
NAME					•		
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE	
TITLE				IN THIS SPACE			
NAME STREET ADDRESS							, ,
CITY-ST-ZIP]	•	•	χ	(
TITLE NAME						•	
STREET ADDRESS							
CITY-ST-ZIP							
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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 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:

NAME, r STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAMED SIGNING OFFICER OR DIRECTOR

04-14-07

Daytime Phone #