


2005 FOR PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # P03000153311		
1. Entity Name A-1 EVANS PLUMBING, INC.		

FILED
05 NOV -4 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

Principal Place of Business 1582 RAY LYNN DR NEW SMYRNA BEACH, FL 32168	Mailing Address 1582 RAY LYNN DR NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10272005 REIN-P CR2E098 (6/04)

4. FEI Number 33-1080670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
EVANS, ROBERT 1582 RAY LYNN DR NEW SMYRNA BEACH, FL 32168	

7. Name and Address of New Registered Agent	
Name	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	-In accordance with s. 607-193(2)(b)-F.S.-the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P EVANS, ROBERT 1582 RAY LYNN DR. NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200061178142 11/07/05--01003--011 ***150.00	
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 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: 	11/01/05 386-427-7865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

805 A000 65105

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OCTOBER 18, 2005

I DID NOT RECEIVE A NOTICE OR FORM PRIOR TO THIS ONE TO RENEW MY CORPORATION. I FEEL THAT THE LATE FEE IS MUCH. I AM A ONE PERSON BUSINESS AND DO MY BEST TO BE ON TIME WITH EVERYTHING.


BOB EVANS

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