

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013126

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: EVONDOR PROPERTY INC.

**Current Principal Place of Business:**

1842 SW CAPEHART AVE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

1850 SW CAPEHART AVE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

PO BOX 8028  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 27-0077270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, MICHELLE E  
PO BOX 8028  
PORT ST. LUCIE, FL 34985      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SEATON, DEVON B  
Address: P.O. BOX 8028  
City-St-Zip: PORT ST LUCIE, FL 34985

Title: V ( ) Delete  
Name: WILLIAMS, MICHELLE E  
Address: PO BOX 8028  
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: D (X) Delete  
Name: LAWRENCE, DOREEN  
Address: 6831 NW 7TH. CT.  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVON B SEATON

P

03/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date