

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90131 036 ***150.00

DOCUMENT # P04000147754

1. Entity Name
EVOLUTION-7 INC.



Principal Place of Business
1400 7TH AVENUE N.
ST. PETERSBURG, FL 33705

Mailing Address
1400 7TH AVENUE N.
ST. PETERSBURG, FL 33705

2. Principal Place of Business - No P.O. Box #
636 14TH ST. N -> SAME

3. Mailing Address
Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

City & State

Zip
33705

Zip Country

01152008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1810777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOCIO, PAWEL
1400 7TH AVENUE N.
ST. PETERSBURG, FL 33705

7. Name and Address of New Registered Agent

Name
MOCIO PAWEL

Street Address (P.O. Box Number is Not Acceptable)

636 14TH ST. N

City
ST. PETERSBURG

FL

Zip Code
33705

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

PAWEL MOCIO
REG. AGENT

03/18/2008

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MOCIO, PAWEL
1400 7TH AVENUE N.
ST. PETERSBURG, FL 33705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
636 14TH ST. N.
ST. PETERSBURG FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 my address, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT

03/18/2008

Date Daytime Phone #