


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 046 ***158.75

DOCUMENT # P05000076272					
1. Entity Name EVANS ANDERSON PUBLISHING COMPANY					
Principal Place of Business 1342 COLONIAL BLVD F-44 FORT MYERS, FL 33907			Mailing Address 1342 COLONIAL BLVD P.O. Box 101506 F-44 Cape Coral, FL 33910 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 72-1604676	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTI, AUDREY M 13611 MCCOY BLVD #7 3806 NW 32nd Place FT MYERS, FL 33919 Cape Coral, FL 33993			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 reappointing)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PS NAME CONTI, AUDREY M STREET ADDRESS 1342 COLONIAL BLVD F-44 P.O. Box 101506 CITY-ST-ZIP FORT MYERS, FL 33907 CAPE CORAL, FL 33910	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME CONTI, JOHN J STREET ADDRESS 1342 COLONIAL BLVD F-44 P.O. Box 101506 CITY-ST-ZIP FORT MYERS, FL 33907 CAPE CORAL FL 33910	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 an address, with all other like empowered.					
SIGNATURE: <i>Audrey M. Conti</i>			4/25/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # 239-433-4200		