

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90055 024 ***150.00

DOCUMENT # P05000107434

1. Entity Name
JAMES EVANS & SONS, INC



Principal Place of Business
**471 PLEASANT ST.
LAKE HELEN, FL 32744**

Mailing Address
**471 PLEASANT ST.
LAKE HELEN, FL 32744**

10011100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3279515

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST.
4TH FLOOR
MIAMI, FL 33145**

Name **JAMES B. EVANS**

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

471 PLEASANT STREET

City **LAKE HELEN**

FL

Zip Code

32744

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

James B. Evans

JAMES B. EVANS

2-14-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **EVANS, JAMES B**
STREET ADDRESS **471 PLEASANT ST.**
CITY-ST-ZIP **LAKE HELEN, FL 32744**

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

TITLE **VD** ☐ Delete
NAME **EVANS, JAMES B IV**
STREET ADDRESS **471 PLEASANT ST.**
CITY-ST-ZIP **LAKE HELEN, FL 32744**

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

TITLE **S** ☐ Delete
NAME **EVANS, JUANITA**
STREET ADDRESS **471 PLEASANT ST.**
CITY-ST-ZIP **LAKE HELEN, FL 32744**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

James B. Evans

JAMES B. EVANS

2-14-06

391-228-3919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #