


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 018 ***150.00

DOCUMENT # P05000147888

1. Entity Name
EVANS & ASSOCIATES, INC.



Principal Place of Business Mailing Address

255 N KENTUCKY AVE SUITE 300 **255 N KENTUCKY AVE SUITE 300**
LAKELAND, FL 33801 **LAKELAND, FL 33801**

50024583



2. Principal Place of Business 3. Mailing Address

2479 Deen Still Rd **2479 Deen Still Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

07032006 Chg-P CR2E034 (11/05)

City & State City & State

Polk City FL **Polk City FL**

Zip Country Zip Country

33868 USA **33868 FL**

4. FEI Number Applied For

76-0804589 Not Applicable

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

O'TOOLE, NEAL L
310 E MAIN STREET
BARTOW, FL 33830

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 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EVANS, BARBARA 255 N KENTUCKY AVE SUITE 300 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'TOOLE, NEAL L 310 E MAIN STREET BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, WILLIAM 255 N KENTUCKY AVE SUITE 300 LAKELAND, FL 33801 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Barbara C. Evans Barbara Evans 7-3-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #