

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000020573

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** SHULER, EVANSON AND ASSOCIATES, INC.

**Current Principal Place of Business:**

105 MARSHALL CIRCLE  
ST AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

1835 US HIGHWAY 1 SOUTH  
STE 119 #138  
ST AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 26-2060501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANSON, SCOTT  
1835 US HIGHWAY 1 SOUTH  
STE 119 #138  
ST AUGUSTINE, FL 32084 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: EVANSON, SCOTT  
Address: 1835 US HIGHWAY 1 SOUTH STE 119 #138  
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: SVD  
Name: SHULER, LOWRY  
Address: 1835 US HIGHWAY 1 SOUTH STE 119 #138  
City-St-Zip: ST AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

SIGNATURE: SCOTT EVANSON

PRES

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date