

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003501

FILED  
Sep 01, 2005  
Secretary of State

Entity Name: EVANS FIRE PROTECTION & PLUMBING, INC.

## Current Principal Place of Business:

6555 GRACE LN  
JACKSONVILLE, FL 32205 US

## New Principal Place of Business:

## Current Mailing Address:

6555 GRACE LN  
JACKSONVILLE, FL 32205 US

## New Mailing Address:

FEI Number: 59-3219634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, RANDOLPH T  
3614 HEDRICK STREET  
JACKSONVILLE, FL 32205 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EVANS, SARA G  
Address: 3614 HEDRICK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: EVANS, RANDOLPH T  
Address: 3614 HEDRICK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: EVANS, R T JR  
Address: 3866 MCGIRTS BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: CFO ( ) Delete  
Name: BISH, DALE E  
Address: 3640 NEWCOMB RD UNIT 121  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Delete  
Name: ROBERTS, JAMES B  
Address: 2943 DAKOTA DR  
City-St-Zip: ORANGE PARK, FL 32065

Title: VP ( ) Delete  
Name: CARPENTER, ROBERT H  
Address: 9117 MARLEE ROAD  
City-St-Zip: JACKSONVILLE, FL 32222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RANDOLPH T. EVANS

D

09/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date