

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003501

FILED
Sep 04, 2008
Secretary of State

Entity Name: EVANS FIRE PROTECTION, 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 (X)

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 exemption stated 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 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: R. TUCKER EVANS, JR.

PRES

09/04/2008

Electronic Signature of Signing Officer or Director

Date