

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90099 032 ***158.75

DOCUMENT # P96000075302

1. Entity Name
ROBERT E. EVANS, INC.



Principal Place of Business
**1204 19 PLACE
VERO BEACH, FL 32960**

Mailing Address
**~~35 43RD AVE~~ 120 43RD AVE
VERO BEACH, FL 32968-2384**

50028419



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0691203

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, ROBERT
~~35 43RD AVE~~ 120 43RD AVE
VERO BEACH, FL 32968**

**DO NOT WRITE
IN THIS SPACE**

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

Robert E. Evans

3-15-2005

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
EVANS, ROBERT E
1204 19 PLACE
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVANS, KIMBERLY
1204 19 PLACE
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Robert E. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2005

DATE

772-473-1258

Daytime Phone #