


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000071666</b>	
1. Entity Name <b>EVANS &amp; MILLS, INC.</b>	

Principal Place of Business <b>1041 SOUTHWEST 30 STREET PALM CITY, FL 34991</b>	Mailing Address <b>POST OFFICE BOX 54 PALM CITY, FL 34991</b>
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01232004

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0775232</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b>	

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD MILLS, LONNIE 1041 SOUTHWEST 3 STREET PALM CITY, FL 34991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD EVANS, OLIVE MARIE 1041 SOUTHWEST 3 STREET PALM CITY, FL 34991</b>
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04/26/04-80042-001 150.00

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: *Lonnie Mills* **Lonnie Mills** **3-15-04** **772-287-7417**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #