

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90279 001 \*\*\*150.00

DOCUMENT # P97000103105

1. Entity Name  
BEVAN & CO. INC.



Principal Place of Business  
5776 ENTERPRISE PKWY  
FT MYERS, FL 33905 US

Mailing Address  
PO BOX 60777  
FORT MEYERS, FL 33906

14011450



2. Principal Place of Business  
6309 Corporate Court  
Suite, Apt. #, etc.  
#103

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Fort Myers  
Zip  
33919

Country  
USA

City & State

Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0800526

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BEVAN, JANE  
1200 MASANABO LANE  
FT MYERS, FL 33919

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
6309 Corporate Court  
#103  
City Fort Myers FL Zip Code 33919

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 *Jane Bevan*

*Jane Bevan*

4/26/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BEVAN, ANDREW  
STREET ADDRESS 1200 MASANABO LANE  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE D ☐ Delete  
NAME BEVAN, BRIAN  
STREET ADDRESS 1200 MASANABO LANE  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE D ☐ Delete  
NAME BEVAN, JANE  
STREET ADDRESS 1200 MASANABO LANE  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE D ☐ Delete  
NAME BEVAN, LISA  
STREET ADDRESS 1200 MASANABO LANE  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jane Bevan*

*Jane Bevan*

4/26/04

239-939-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #