


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000078567	
1. Entity Name EVERED, INC.	

Principal Place of Business 7427 CURLEW RD SARASOTA, FL 34241-9613	Mailing Address 7427 CURLEW RD SARASOTA, FL 34241-9613
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0865599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANKIN, LAWRENCE M 1820 RINGLING BLVD SARASOTA, FL 34236

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000627864

02/15/07-80079-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHADT, FREDRIC S 7427 CURLEW RD SARASOTA, FL 342417613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHADT, ARLENE J 7427 CURLEW RD SARASOTA, FL 342419613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANKIN, LAWRENCE M 1820 RINGLING BLVD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 filers empowered.

SIGNATURE: Fredric S. Schadt Fredric S. Schadt Pres 2-05-07 941-926-7184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #