

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # S 24966
1. Entity Name Jane Bevan & Associates Inc.



FILED
2008 MAY -2 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
924 N.E. 24th Lane
Suite, Apt. #, etc. #1

3. Mailing Address
P.O. Box 60777
Suite, Apt. #, etc.

City & State Cape Coral, FL City & State Ft. Myers, FL
Zip 33909 Country Lee Zip 33906 Country Lee

CR2E034B (8/05)

4. FEI Number 65-0237233 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Jane Bevan
Street Address (P.O. Box Number is Not Acceptable) 924 N.E. 24th Lane #1
City Cape Coral FL Zip Code 33909

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 (NOTE Registered Agent signature required when reinstating) DATE 5/2/08

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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	<u>Jane Bevan President PO Box 60777 Fort Myers FL 33906</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Brian Bevan Vice President PO Box 60777 Fort Myers FL 33906</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Lisa Bevan Treasurer PO Box 60777 Fort Myers FL 33906</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Andrew Bevan Secretary PO Box 60777 Fort Myers FL 33906</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
500128297065
05/02/08--01004--002 **458.75

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Bevan JANE BEVAN DATE 5/2/08 239-939-2400 Daytime Phone #