

# 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 NE 24th Lane  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 60777  
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Cape Coral, FL  
Zip 33909  
Country Lee

City & State

Ft. Myers, FL  
Zip 33906  
Country Lee

4. FEI Number

65-0237233

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

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

**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

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	Jane Bevan President PO Box 60777 Ft Myers FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Bevan Vice President PO Box 60777 Ft Myers FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Bevan Treasurer PO Box 60777 Ft Myers FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew Bevan Secretary PO Box 60777 Ft Myers FL 33906
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TITLE  
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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

5/2/08 239-939-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #