


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # V27156																										
1. Entity Name EVANS CONSTRUCTION, INC.																										
Principal Place of Business 922 SAN PAULO WAY KISSIMMEE FL 34758 US		Mailing Address 922 SAN PAULO WAY KISSIMMEE FL 34758 US																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
6. Name and Address of Current Registered Agent EVANS, WILLIAM 922 SAN PAULO WAY KISSIMMEE FL 34758		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																								
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 _____ <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reissuing)</small> DATE _____																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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1st MOORE CR2E034 (10/06)

4. FEI Number **59-3120160** Applied For Not Applicable

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

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

U00000609470
02/01/07-80052-004 150.00

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

SIGNATURE:  Signature, typed or printed name of signing officer or director

1-24-07 407-933-1429
Date Daytime Phone #