


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90116 050 \*\*\*150.00

DOCUMENT # H41415 1. Entity Name J. EVANS ASSOCIATES, INC.	
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Principal Place of Business C/O JAMES W. EVANS 118 HARROPS GLEN WILLIAMSBURG, VA 23185	Mailing Address C/O JAMES W. EVANS 118 HARROPS GLEN WILLIAMSBURG, VA 23185
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50000725

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02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2489064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

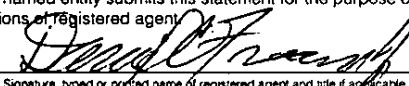
8. Name and Address of Current Registered Agent

~~EVANS, JAMES W.  
748 GREPE MYRTLE CIRCLE  
APOPKA, FL 32712~~

**Daniel C. Freeman, Jr., CPA**  
**128 Oxford Road**  
**Casselberry, FL 32730**

**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:  DATE: 2/22/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	PD EVANS, JAMES W. 118 HARROPS GLEN WILLIAMSBURG, VA 23185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS EVANS, ANNE T. 118 HARROPS GLEN WILLIAMSBURG, VA 23185
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

SIGNATURE:  **JAMES W EVANS** 2-20-06 757-395-5403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #