


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 487648**  
 1. Entity Name  
**EVERGREEN OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**288 S 9TH**      **P O BOX 813**  
**WINTER GARDEN, FL 34777 US**      **WINDERMERE, FL 34786 US**

**DO NOT WRITE IN THIS SPACE**



01112006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1631138**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMITH, W. KELLY**  
**255 S. ORANGE AVE**  
**ORLANDO, FL 32801**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

110000489206  
 04/18/06-80007-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JACKSON, T. GLENN, JR. 626 SECOND AVE. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, T. GLENN, JR. 626 SECOND AVE. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST JACKSON, V.W.(ASST S&T) 626 SECOND AVENUE WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:       4/1/06 407 877 3339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #