

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163712

FILED
Jan 13, 2009
Secretary of State

Entity Name: EVERGREEN PROVIDENCE PINE PLANTATIONS, INC.

Current Principal Place of Business:

969 WHITEHOUSE ROAD
MONTICELLO, FL 323444684

New Principal Place of Business:

Current Mailing Address:

969 WHITEHOUSE ROAD
MONTICELLO, FL 323444684

New Mailing Address:

FEI Number: 75-3176304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLD, AARON J
704 WEST BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

GOLD, AARON J
202 SOUTH ROME AVE
SUITE 100
TAMPA, FL 33606 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/13/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAEDICKE, GEORGE J
Address: 969 WHITEHOUSE ROAD
City-St-Zip: MONTICELLO, FL 323444684

Title: D () Delete
Name: HAEDICKE, MELONIE A
Address: 969 WHITEHOUSE ROAD
City-St-Zip: MONTICELLO, FL 323444684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE J. HAEDICKE

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date