

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000009906

1. Entity Name

EVERGREEN-MELROSE, INC.



FILED
Feb 16, 2004 08:00 AM
Secretary of State

Principal Place of Business

853 VANDERBILT BEACH RD.
STE 350
NAPLES FL 34108
US

Mailing Address

853 VANDERBILT BEACH RD.
STE 350
NAPLES FL 34108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0463504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, ARLENE F
5811 PELICAN BAY BLVD
STE 206A
NAPLES FL 34108

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

Sign here in ink or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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	D	☐ Delete
NAME	CAROLLO, THERESA	
STREET ADDRESS	853 VANDERBILT BEACH RD, STE 350	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	☐ Delete
NAME	CAROLLO, THOMAS	
STREET ADDRESS	853 VANDERBILT BEACH RD, STE 350	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/16/04-80090-009 150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

TS

Carlo

THOMAS CAROLLO

2-11-04

239 547 8833