

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000006511 1. Entity Name EVERGREEN OF PENSACOLA CORP.		
Principal Place of Business 318 BEVERLY PARKWAY PENSACOLA, FL 32500	Mailing Address 318 BEVERLY PARKWAY PENSACOLA, FL 32500	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARZACCHINI, CONNIE 318 BEVERLY PARKWAY PENSACOLA, FL 32500		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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 04/28/04-80026-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
PSTD BARZACCHINI, CONNIE 318 BEVERLY PARKWAY PENSACOLA, FL 32500		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Connie Barzacchini</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-26-04 Daytime Phone # 850-429-0700