2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #415304

1. Entity Name EVERT ENTERPRISES, INC.



FILED
Mar 22, 2006 08:00 A
Secretary of State

Principal Place of Business

C/O WILSON B GREATON IR 2601 EAST OAKLAND PARK BLVD STE 405 FT LAUD, FL 33306 US Mailing Address

C/O WILSON B GREATON JR 2601 EAST OAKLAND PARK BLVD STE 405 FT LAUD, FL 33306 US



DO NOT WRITE IN THIS SPACE

02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1428405

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREATON, WILSON B JR 2601 EAST OAKLAND PARK BLVD STE 405 FT LAUD, FL 33306

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plons of registered agent. | urpose of changing its registered office | or registered agent, or both | i, in the State of Florida. I am familiar with, and accept |
|--|---|--|-----------------------------------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title it | applicable (NOTE: Registered Agent sig | nature required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financing Trust Fund Contribution, | \$5.00 May Be Added to Fees | U00000476779 04/06/06-80025-018 150.00 |
| 10. | OFFICERS AND DIRECTORS | | | |
| TITLE Name Street address City-St-Zip | DS EVERT, COLETTE 2401 SUNRISE KEY BLVD. FORT LAUDERDALE, FL00000, | | | |
| TITLE NAME STREET ADDRESS | PTD EVERT, JAMES A 2401 SUNRISE KEY BLVD. | | | |

CITY-ST-ZIP FORT LAUDERDALE, FL 33301 DV EVERT, CHRISTINE M NAME STREET ADDRESS 2401 SUNRISE KEY BLVD. DO NOT WRITE CITY-ST-ZIP FORT LAUDERDALE, FL 33301 IN THIS SPACE TITLE MILL, ANDY STREET ADDRESS 2401 SUNRISE KEY BLVD FT LAUDERDALE, FL CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

| 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:

AND TYPER OF BRIDGE NAME OF SIGNING OFFICER OF DIRECTOR

3-16-0

954/561-0313

ate

Daytime Phone #