

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 481516 1. Entity Name EVERGLADES FOLIAGE, INC	
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Principal Place of Business 2088 BACOM PT. RD. P.O. BOX 718 PAHOKEE, FL 33476	Mailing Address 2088 BACOM PT. RD. P.O. BOX 718 PAHOKEE, FL 33476
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1639920	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIRLEY, BARBARA W 1531 BACON POINT ROAD PAHOKEE, FL 33476

**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 title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000665987 03/23/07-80052-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIRLEY, WILLIAM B. 1531 BACON POINT ROAD PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIRLEY, BARBARA W. 1531 BACON POINT ROAD PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHIRLEY, MARILYN 1251 BACON POINT ROAD PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Barbara W. Shirley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/10/07 <u>561984-2044</u> Date Daytime Phone #
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