


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 487648
 1. Entity Name
EVERGREEN OF FLORIDA, INC.



Principal Place of Business Mailing Address
288 S 9TH **P O BOX 813**
WINTER GARDEN, FL 34777 US **WINDERMERE, FL 34786 US**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1631138 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, W. KELLY
255 S. ORANGE AVE
ORLANDO, FL 32801

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

110000489206
 04/18/06-80007-003 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST JACKSON, T. GLENN, JR. 626 SECOND AVE. WINDERMERE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, T. GLENN, JR. 626 SECOND AVE. WINDERMERE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST JACKSON, V.W.(ASST S&T) 626 SECOND AVENUE WINDERMERE, FL |
| 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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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:  Date: **4/1/06** Daytime Phone #: **407 877 3339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR