2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2008 8:00 am Secretary of State **DOCUMENT #487648** 1. Entity Name 03-31-2008 90007 041 ***150 00 EVERGREEN OF FLORIDA, INC. Mailing Address Principal Place of Business P 0 B0X 813 288 C 9TH WINDERMERE, FL 34786 US WINTER GARDEN, FL 34777 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 626 W. SECOND 626 W. SECOND Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03172008 Chg-P Applied For 4. FEI Number City & State City & State Fi Not Applicable 59-1631138 WINDERMERE WINDER MERE Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 34786 34786 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, W. KELLY Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE ORLANDO, FL 32801 Zip Code City F 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or cylinted name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE MILE Delete JACKSON, V.W. JACKSON, T. GLENN, JR. NAME NAME 626 SECOND AVE. STREET ADDRESS 626 W. SECOND AVE. STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL CITY-ST-ZIP WINDER MERE ☐ Addition ☐ Change ☑ Delete TITLE TITLE JACKSON, T. GLENN, JR. NAME NAME STREET ADDRESS STREET ADDRESS 626 SECOND AVE. CITY-ST-ZIP WINDERMERE, FL CITY-ST-ZIP Change ☐ Addition VST TITLE TITLE ☐ Delete JACKSON, V.W.(ASST S&T) NAME NAME STREET ADDRESS STREET ADDRESS **626 SECOND AVENUE** CITY-ST-ZIP CITY-ST-ZIP WINDERMERE, FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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