

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 695800

1. Entity Name

EVERGLADES V. R. CORP.



Principal Place of Business

703 COLLIER AVENUE
PO BOX 238
EVERGLADES CITY FL 33929

Mailing Address

703 COLLIER AVENUE
PO BOX 238
EVERGLADES CITY FL 33929

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, JOSEPHINE M.
703 COLLIER AVE
EVERGLADES CITY FL 33929

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMERON, PAUL	
STREET ADDRESS	703 COLLIER AVE	
CITY- ST- ZIP	EVERGLADES FL 34139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARTER, JOSEPHINE	
STREET ADDRESS	703 COLLIER AVE	
CITY- ST- ZIP	EVERGLADES CITY FL 34139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KISER, RICHARD	
STREET ADDRESS	703 COLLIER CITY	
CITY- ST- ZIP	EVERGLADES FL 34139	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, JOSEPH	
STREET ADDRESS	703 COLLIER AVE	
CITY- ST- ZIP	EVERGLADES FL 34139	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, CURTIS	
STREET ADDRESS	703 COLLIER CITY	
CITY- ST- ZIP	EVERGLADES FL 34139	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLURE, FRANK	
STREET ADDRESS	703 COLLIER CITY	
CITY- ST- ZIP	EVERGLADES FL 34139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000204374	
STREET ADDRESS	01/31/05-80002-019 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Josephine M. Carter

Josephine M. CARTER

Jan 29-2005

239-695
7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone