

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 017 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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 re-statuting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY ST ZIP	ST JOSEPH L. Scott 703 Collier Ave. Everglades City, FL 34139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D Scott McClain 703 Collier Ave. Everglades City, FL 34139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D Fred Ficken 703 Collier Ave. Everglades City, FL 34139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	David Kellyhouse 703 Collier Ave. Everglades City, FL 34139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Joseph L. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Scott, Sec

2/6/2007 239-695-4676