

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90015 041 ***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 (10/07)

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

CARTER, JOSEPHINE M

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

703 COLLIER AVE

City

EVERGLADES CITY

FL

Zip Code

34139

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-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 P ☐ Delete
NAME CAMERON, PAUL
STREET ADDRESS 703 COLLIER AVE
CITY-ST-ZIP EVERGLADES FL 34139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SCOTT, JOSEPH L
STREET ADDRESS 703 COLLIER AVE
CITY-ST-ZIP EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KISER, RICHARD
STREET ADDRESS 703 COLLIER CITY
CITY-ST-ZIP EVERGLADES FL 34139

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLYHOUSE, DAVID
STREET ADDRESS 703 COLLIER AVE
CITY-ST-ZIP EVERGLADES FL 34139

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCCLAIN, SCOTT
STREET ADDRESS 703 COLLIER AVE
CITY-ST-ZIP EVERGLADES CITY FL 34139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FICKEN, FRED
STREET ADDRESS 703 COLLIER AVE
CITY-ST-ZIP EVERGLADES FL 34139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Joseph L. Scott Sec./Trea. Feb. 18, 2008 239 695-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 46 76