

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 695800

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: EVERGLADES V. R. CORP.

## Current Principal Place of Business:

703 COLLIER AVENUE  
PO BOX 238  
EVERGLADES CITY, FL 33929

## New Principal Place of Business:

703 COLLIER AVENUE  
EVERGLADES CITY, FL 34139

## Current Mailing Address:

703 COLLIER AVENUE  
PO BOX 238  
EVERGLADES CITY, FL 33929

## New Mailing Address:

703 COLLIER AVENUE  
PO BOX 238  
EVERGLADES CITY, FL 34139

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, JOSEPHINE M  
703 COLLIER AVE  
EVERGLADES CITY, FL 34139 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CAMERON, PAUL  
Address: 703 COLLIER AVE  
City-St-Zip: EVERGLADES, FL 34139

Title: ST ( ) Delete  
Name: SCOTT, JOSEPH L  
Address: 703 COLLIER AVE  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete  
Name: KISER, RICHARD  
Address: 703 COLLIER CITY  
City-St-Zip: EVERGLADES, FL 34139

Title: VP ( ) Delete  
Name: KELLYHOUSE, DAVID  
Address: 703 COLLIER AVE  
City-St-Zip: EVERGLADES, FL 34139

Title: D ( ) Delete  
Name: MCCLAIN, SCOTT  
Address: 703 COLLIER AVE  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete  
Name: FICKEN, FRED  
Address: 703 COLLIER AVE  
City-St-Zip: EVERGLADES, FL 34139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L SCOTT

ST

01/09/2009

Electronic Signature of Signing Officer or Director

Date