## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F04000004143

1. Entity Name

**EVERGREEN SECURITY LTD. CORPORATION** 



## FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90031 018 \*\*\*150.00

Principal Place of Business Mailing Address 341 N MATILAND AVENUE, SUITE 130 341 N MAITLAND AVENUE, SUITE 130 40012500 MAITLAND; FL 32751 MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 20-1290368 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name G 7 L AGENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801 City 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: Recustored Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fe OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Detete TITLE Change Addition CUTHILL, ROBERT W. TR CUTHILL, ROBERT W (BILL JR NAME NAME 341 N MAITLAND AVE, SUITE 130 STREET ADDRESS 351 N MAITLAND AVENUE, SUITE 130 STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP MAITLAND FL 38751 TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Detete MLE Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELE ☐ Delete **JITLE** ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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 cath; 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.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATII	

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Defete

1/6/06

407-44-381 EXT

☐ Change

☐ Change

Addition

■ Addition

Daytime Phone 8