


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # F40854		
1. Entity Name EVEREST CORPORATION		
Principal Place of Business 50 S.E. KINDRED ST #301 STUART, FL 34994 US		Mailing Address PO BOX 1768 PALM CITY, FL 34991-6768 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARBREE, RAY 50 S.E. KINDRED ST #301 STUART, FL 34994		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS STAKE, ROGER D 405 N. U.S HWY 1, NO. 107 NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARBREE, RAY 18862 LOBLOLLY PINE CT. JUPITER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(i), 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: <u>Ray Arbree</u> Pres. <u>4/8/05</u> <u>772 228 1661</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2134657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000316048
04/19/05-80060-007 150.00

**DO NOT WRITE
IN THIS SPACE**