2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J21565

1. Entity Name EVERGLADES ORCHIDS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

% MILTON O. CARPENTER 1101 TABIT RD BELLE GLADE, FL 33430 % MILTON O. CARPENTER 1101 TABIT RD BELLE GLADE, FL 33430

FILED Mar 24, 2004 08:00 AM Secretary of State



03122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2713562

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

561-996-3207

6. Name and Address of Current Registered Agent

CARPENTER, MILTON O. 135 S.E. AVENUE C BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement the obligations of registered agent.	r the purpose of changing its registered office or registered agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE	and title if applicable. (NCTT: Registered Agret aggrees required when repastangs). DAT	
Signature, typed or printed name of registered age	and title if applicable. (NOTE: Registered Agent signature required when renstating) DAT	
FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees UBDB000953	10 6-015 150.00
10. OFFICERS AN	DIRECTORS	***************************************
TITLE PD MAME CARPENTER, MILTON O. STREET ADDRESS 1101 TABIT RD CITY-SI-ZIP BELLE GLADE, FL		
RILE NAME STREET ADDRESS CITY-SI-ZIP		
HILE NAME STREET ADDRESS CITY-S1-2P	DO NOT WRIT	
TITLE NAME STREET ADDRESS CITY-S1-2P	IN THIS SPAC	eses
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
HILE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver or trustee en changed, or on an attachment with a laddings.	this filling does not making for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further true and accurate and that my signature shall have the same legal effect as if made under oats; that owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears with all other live empowered.	certify that the information t I am an officer or director rs in Block 10 or Block 11 if

Milton O.

Carpenter