2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K09407

1. Entity Name
EVERGREEN EQUITIES GROUP, INC.

Principal Place of Business	Mailing Address
45 WEST BAY STREET SUITE 203 JACKSONVILLE, FL 32202 US	45 WEST BAY STREET SUITE 203 JACKSONVILLE, FL 32202 US

DO NOT WRITE IN THIS SPACE

01142004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2863847	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GITTINGS, ROBERT L
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202

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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)_ Robert L. Gittings   2/3/04

Signature typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees	U00000032870 02/05/04-80020-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORI, KURT W.
STREET ADDRESS	4304 MCGRITS BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	SCHULTZ, JOHN R.
STREET ADDRESS	PO BOX 1200
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	SCHULTZ, CLIFFORD G., II
STREET ADDRESS	PO BOX 1200
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	GITTINGS, ROBERT L. JR
STREET ADDRESS	45 WEST BAY STREET STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _(signature)_   Feb. 3, 2004   904 356-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #