


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # K09407	
1. Entity Name EVERGREEN EQUITIES GROUP, INC.	

Principal Place of Business 840 S EDGEWOOD AVE SUITE 216 JACKSONVILLE, FL 32205 US	Mailing Address 840 S EDGEWOOD AVE SUITE 216 JACKSONVILLE, FL 32205 US
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2863847	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GITTINGS, ROBERT L 840 S EDGEWOOD AVE SUITE 216 JACKSONVILLE, FL 32205
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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 _____	DATE 07/11/06
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORI, KURT W. 4304 MCGRITS BLVD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, JOHN R. PO BOX 1200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, CLIFFORD G., II PO BOX 1200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTINGS, ROBERT L. JR 45 WEST BAY STREET STE 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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>Robert L. Gittings Jr.</u>	<u>Robert L. Gittings JR.</u>	<u>7/7/06</u>	<u>904 388-0285</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>