

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L57928

1. Entity Name
EVERGREEN PRODUCTIONS, INC.



Principal Place of Business
**1001 W CYPRESS CREEK RD
SUITE 114
FT LAUDERDALE, FL 33309**

Mailing Address
**1001 W CYPRESS CREEK RD
SUITE 114
FT LAUDERDALE, FL 33309**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0361699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKERMAN, DAVID M.
5355 TOWN CENTER ROAD, SUITE 901
BOCA RATON, FL 33486**

**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 _____

Signature of person named as registered agent and, if applicable,

NOTE: Registered Agent signature required when reinstating

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
CIVINS, GARY I
1001 W CYPRESS CREEK RD #114
FT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
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CITY ST ZIP

UD00000261412
03/14/05-80010-008 150.00

**DO NOT WRITE
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY CIVINS

3/10/05

Date

954-938-8600

Daytime Phone #