


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000052934	
1. Entity Name EVERGREEN OF BROOKSVILLE, INC.	

Principal Place of Business 1238 S. BROAD STREET BROOKSVILLE, FL 34601	Mailing Address 1238 S. BROAD STREET BROOKSVILLE, FL 34601
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DO NOT WRITE IN THIS SPACE

01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3648412	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIU, ZENGSHI 1238 S. BROAD STREET BROOKSVILLE, FL 34601	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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE (\$150.00) After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	4000000065562 02/25/04-80042-015-159.75
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT LIU, ZENGSHI 1238 S. BROAD ST. BROOKSVILLE, FL 34601	
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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: X Liu, Zengshi **Feb-23-04 (352)799-8998**

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