2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000055784

1. Entity Name
EVERGREEN OF JAX, INC.

Principal Place of Business	Mailing Address
5032-5036 BLANDING BLVD. JACKSONVILLE, FL 32210	5032-5036 BLANDING BLVD. JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

03292005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3723222	Not Applicable

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

8. Name and Address of Current Registered Agent

WU, YU JIN
5032-5036 BLANDING BLVD.
JACKSONVILLE, FL 32210

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when re-instating)   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	P
NAME	WU, YU LIN Yu-Jin
STREET ADDRESS	5032-5036 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	VP
NAME	WU, JACK
STREET ADDRESS	5032-5036 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	VP
NAME	RUI JUAN C. WU
STREET ADDRESS	5032-5036 Blanding Blvd
CITY-ST-ZIP	Jacksonville, FL 32210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____   4/6/05   964-778-85
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #