

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-27-2006 90090 033 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000055784

1. Entity Name
EVERGREEN OF JAX, INC.



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

Mailing Address
**5032-5036 BLANDING BLVD.
JACKSONVILLE, FL 32210**

66005257



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3723222

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 reappointing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-JIN
STREET ADDRESS	5032-5036 BLANDING BLVD
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	VP
NAME	WU, JACK
STREET ADDRESS	5032-5036 BLANDING BLVD
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	V
NAME	WU, RUI JUAN C
STREET ADDRESS	5032-5036 BLANDING BLVD
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06 904-778-8500
Date Daytime Phone