2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107211

FILED Apr 26, 2005 Secretary of State

Entity Name: EVERGREEN LANDSCAPING & LAWN MAINTENANCE, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 2270 24604 U.S. HIGHWAY 331 SOUTH SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** PO BOX 2270 SANTA ROSA BEACH, FL 32459 FEI Number: 59-3754462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KILPATRICK, WILLIAM G JR 35008 EMERALD COAST PARKWAY DESTIN, FL 32541 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KELLEHER, CHRISTOPHER KELLEHER, CHRISTOPHER Name: Name: 234 SOUTH BAYSHORE DRIVE 534 INDIGO LOOP NORTH Address: Address: City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: MIRAMAR BEACH, FL 32550 Title: Title: (X) Change () Addition () Delete TS Name: KELLEHER, LORI Name: KELLEHER, LORI 234 SOUTH BAYSHORE DR 534 INDIGO LOOP NORTH Address: Address: VALPARAISO, FL 32580 MIRAMAR BEACH, FL 32550 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition LEAKE, RONNIE Name: Name: 610 KRISTANNA DR Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI KELLEHER TS 04/26/2005