

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107211

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** EVERGREEN LANDSCAPING & LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

24604 U.S. HIGHWAY 331 SOUTH  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2270  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 59-3754462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KILPATRICK, WILLIAM G JR.  
35008 EMERALD COAST PARKWAY  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: KELLEHER, CHRISTOPHER  
Address: 534 INDIGO LOOP NORTH  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: TS ( ) Delete  
Name: KELLEHER, LORI  
Address: 534 INDIGO LOOP NORTH  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VP ( ) Delete  
Name: LEAKE, RONNIE  
Address: 610 KRISTANNA DR  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date