


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90046 040 ***163.75

DOCUMENT # P02000034135			
1. Entity Name EVERGLADES CONSTRUCTION CORP.			
Principal Place of Business 7 S. MAIN AVE LAKE PLACID FL 33852		Mailing Address 845 GRISSOM RD NW LAKE PLACID FL 33852	
2. Principal Place of Business - No P.O. Box # 845 Grissom Rd NW		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State	
Zip 33852	Country US	Zip	Country
6. Name and Address of Current Registered Agent KITTENDORF, SHANE V 845 GRISSOM RD NW LAKE PLACID FL 33852		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	



1st MOORE CR2E034 (10/06)

4. FEI Number	27-0006420	<input type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTENDORF, SHANE V		NAME		
STREET ADDRESS	845 GRISSOM RD NW		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTENDORF, SHANE V		NAME		
STREET ADDRESS	845 GRISSOM RD NW		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTENDORF, RICHARD A		NAME	Kittendorf, Dana	
STREET ADDRESS	3700 SW 126 AVE		STREET ADDRESS	845 Grissom Rd NW	
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTENDORF, SHANE V		NAME		
STREET ADDRESS	845 GRISSOM RD NW		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTENDORF, RICHARD A		NAME		
STREET ADDRESS	3700 SW 126 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTENDORF, RICHARD A		NAME		
STREET ADDRESS	3700 SW 126 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date _____ Daytime Phone # _____