

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90423 016 ***150.00

DOCUMENT # P02000115939

1. Entity Name
EVERGREEN ASSET ALLOCATION, CORP.



Principal Place of Business
891 JARNAC DRIVE
KISSIMMEE, FL 34759

Mailing Address
891 JARNAC DRIVE
KISSIMMEE, FL 34759



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

42-1560870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, NANCY I
482 N. PIN OAK PLACE
202
SEMINOLE, FL 32779

Name Nancy I. Dunn

Street Address (P.O. Box Number is Not Acceptable)

891 Jarnac Drive

City Kissimmee

FL

Zip Code 34759

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 Nancy I. Dunn NANCY I. DUNN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/2004
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DUNN, NANCY I
STREET ADDRESS 891 JARNAC DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy I. Dunn 4/21/04 407-847-7808
Date Daytime Phone #