

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90059 042 \*\*\*150.00

**DOCUMENT # P03000044293**

1. Entity Name

LC EVERGREEN, INC.



Principal Place of Business

3668 WILDERNESS WAY  
CORAL SPRINGS FL 33065

Mailing Address

3668 WILDERNESS WAY  
CORAL SPRINGS FL 33065

2. Principal Place of Business

8415 RED WAGON LANE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

City & State

SAME

Zip

33433

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

61-1447350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIANCIOLO, LARRY R  
3668 WILDERNESS WAY  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

8415 RED WAGON LANE

City

BOCA RATON

FL

Zip Code

33433

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CIANCIOLO, LARRY R  
3668 WILDERNESS WAY  
CORAL SPRINGS FL 33065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CIANCIOLO, MAUREEN E  
3668 WILDERNESS WAY  
CORAL SPRINGS FL 33065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
8415 RED WAGON LANE  
BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
8415 RED WAGON LANE  
BOCA RATON, FL 33433

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

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-09-04