

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000060424 1. Entity Name EVERGREEN LAND CONSTRUCTION, INC.	
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Principal Place of Business 642 NW BUCKHENDRY WAY STUART, FL 34994 US	Mailing Address PO BOX 1207 JENSEN BEACH, FL 34958 US
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03022008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1065123	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DONNELLY, JAMES F 642 NW BUCKHENDRY WAY STUART, FL 34994
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

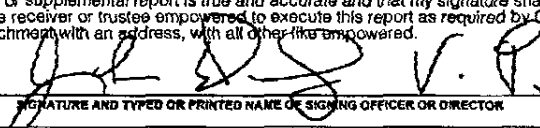
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNELLY, JAMES F 642 NW BUCKHENDRY WAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNELLY, JOHN S 642 NW BUCKHENDRY WAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARUSO, MIKE 799 SE ABLETT LN PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80085-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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