


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90278 024 \*\*\*150.00

<b>DOCUMENT # P03000135697</b>	
<b>1. Entity Name</b> EVERGREEN SERVICES, INC.	

<b>Principal Place of Business</b> 601 RASLEY ROAD NEW SMYRNA BEACH FL 32168	<b>Mailing Address</b> 601 RASLEY ROAD NEW SMYRNA BEACH FL 32168
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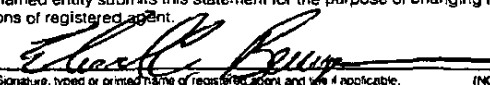
<b>2. Principal Place of Business</b> 129 WEST VIRGINIA ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 129 WEST VIRGINIA ST Suite, Apt. #, etc.
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<b>City &amp; State</b> CRESCENT CITY FL	<b>City &amp; State</b> CRESCENT CITY FL
<b>Zip</b> 32112	<b>Zip</b> 32112
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 37-1479866	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

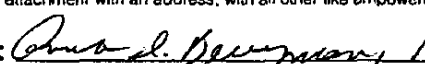
<b>6. Name and Address of Current Registered Agent</b> BERRYMAN, ELWOOD C 601 RASLEY ROAD NEW SMYRNA BEACH FL 32168
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 04/07/04

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<b>NAME</b> BERRYMAN, ELWOOD C	<b>TITLE</b> PD	<b>NAME</b> Berryman, ELWOOD C
<b>STREET ADDRESS</b> 601 RASLEY ROAD	<b>CITY-ST-ZIP</b> NEW SMYRNA BEACH FL 32168	<b>STREET ADDRESS</b> 129 W. Virginia St	<b>CITY-ST-ZIP</b> Crescent City, FL 32112
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VTD	<b>NAME</b> BERRYMAN, ANNA I	<b>TITLE</b> VTD	<b>NAME</b> Berryman, ANNA I
<b>STREET ADDRESS</b> 601 RASLEY ROAD	<b>CITY-ST-ZIP</b> NEW SMYRNA BEACH FL 32168	<b>STREET ADDRESS</b> 129 W. Virginia St	<b>CITY-ST-ZIP</b> Crescent City, FL 32112
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S	<b>NAME</b> BERRYMAN, AARON M	<b>TITLE</b> S	<b>NAME</b> Berryman, AARON M
<b>STREET ADDRESS</b> 601 RASLEY ROAD	<b>CITY-ST-ZIP</b> NEW SMYRNA BEACH FL 32168	<b>STREET ADDRESS</b> 129 W. Virginia St	<b>CITY-ST-ZIP</b> Crescent City, FL 32112
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

<b>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.</b>	
<b>SIGNATURE:</b>  ANNA I. BERRYMAN	<b>DATE</b> 4/8/04 <b>Daytime Phone #</b> 407-312-0660