


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90043 031 ***150.00

DOCUMENT # P04000137878	
1. Entity Name EVERGLADES SERVICES, INC.	

Principal Place of Business 1939 LEE STREET HOLLYWOOD FL 33020	Mailing Address 1939 LEE STREET HOLLYWOOD FL 33020
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2. Principal Place of Business 1305 SW 18 Ave Suite, Apt. #, etc.	3. Mailing Address 1305 SW 18 Ave Suite, Apt. #, etc.
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2nd MOORE CR2E034 (5/05)

City & State FT. Lauderdale FL	City & State FT. Lauderdale FL
Zip 33312	Zip 33312
Country Broward	Country Broward

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

6. Name and Address of Current Registered Agent KAVAN, THOMAS F II 1939 LEE STREET HOLLYWOOD FL 33020	
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 Thomas F. Kavan II DATE _____

Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	<small>§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.</small> <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAVAN, THOMAS F II 1939 LEE STREET HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas F. Kavan II DATE 8/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR