

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095049

FILED
Feb 14, 2008
Secretary of State

Entity Name: EVERGREEN INSURANCE AGENCY, INC.

Current Principal Place of Business:

1217 S. MILITARY TRAIL
STE. D
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

1217- D.S. MILITARY TRAIL
STE. D
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 20-5297323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRASKER, PAUL A
625 N FLAGLER DR 9TH FL
W PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDEAVITT, JENNIFER L
Address: 625 N. FLAGLER DR.. 9TH FLOOR
City-St-Zip: W PALM BCH, FL 33401

Title: VD () Delete
Name: GAULDEN, IRENE C
Address: 625 N FLAGLER DR 9TH FL
City-St-Zip: W PALM BCH, FL 33401

Title: SD () Delete
Name: LI, IDA K
Address: 625 N FLAGLER DR 9TH FL
City-St-Zip: W PALM BCH, FL 33401

Title: TD () Delete
Name: WATSON, JOHN
Address: 625 N. FLAGLER DRIVE 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: BATES, AUSTIN O
Address: 1240 F ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DIR () Change (X) Addition
Name: MCDEAVITT, DAVID P
Address: 4609 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER MCDEAVITT

PD

02/14/2008

Electronic Signature of Signing Officer or Director

Date