

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000095049

FILED
Sep 09, 2009
Secretary of State**Entity Name:** EVERGREEN INSURANCE AGENCY, INC.**Current Principal Place of Business:**583 105TH AVENUE NO.
STE. 2
ROYAL PALM BEACH, FL 33411**New Principal Place of Business:****Current Mailing Address:**583 105TH AVENUE NO.
STE. 2
ROYAL PALM BEACH, FL 33411**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**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: MCDEAVITT, JENNIFER L
Address: 583 105TH AVE NO. STE-2
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** VD () Delete
Name: GAULDEN, IRENE C
Address: 583 105TH AVE NO. STE-2
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** SD () Delete
Name: LI, IDA K
Address: 583 105TH AVE NO. STE-2
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** TD () Delete
Name: WATSON, JOHN
Address: 583 105TH AVE NO. STE-2
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** VPD () Delete
Name: BATES, AUSTIN O
Address: 583 105TH AVE NO. STE-2
City-St-Zip: ROYAL PALM BEACH, FL 33411**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: PILATO, TOBY G
Address: 583 105TH AVE NO. STE-2
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: BATES, AUSTIN O
Address: 583 105TH AVE NO. STE-2
City-St-Zip: ROYAL PALM BEACH, FL 33411

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 L. MCDEAVITT

PD

09/09/2009

Electronic Signature of Signing Officer or Director_____
Date