

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000095049

**FILED**  
**Feb 17, 2011**  
**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:**

MCDEAVITT, JENNIFER L  
583 105TH AVE NO  
SUITE-2  
ROYAL PALM BEACH, FL 33411 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  
Name: MCDEAVITT, JENNIFER L  
Address: 583 105TH AVE NO. STE-2  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD  
Name: GAULDEN, IRENE C  
Address: 583 105TH AVE NO. STE-2  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD  
Name: MCDEAVITT, JENNIFER L  
Address: 583 105TH AVE NO. STE-2  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER L MCDEAVITT

PD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date