


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90300 004 ***150.00

DOCUMENT # P17376		
1. Entity Name EVERGREEN AVIATION GROUND LOGISTICS ENTERPRISE, INC.		

Principal Place of Business 3850 THREE MILE LANE MCMINNVILLE, OR 97128-9496	Mailing Address 3850 THREE MILE LANE ATTN: TAX DEPT MCMINNVILLE, OR 97128-9496
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50043397

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04082005 Chg-P CR2E034 (10/03)

4. FEI Number 93-0876736	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE	P <input type="checkbox"/> Delete
NAME	BAUER, BRIAN
STREET ADDRESS	3850 THREE MILE LANE
CITY-ST-ZIP	MCMINNVILLE, OR 97128
TITLE	V <input type="checkbox"/> Delete
NAME	SPENCER, MIKE
STREET ADDRESS	3850 THREE MILE LANE
CITY-ST-ZIP	MCMINNVILLE, OR 97128
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, DELFORD M
STREET ADDRESS	3850 THREE MILE LANE
CITY-ST-ZIP	MCMINNVILLE, OR 97128
TITLE	S <input type="checkbox"/> Delete
NAME	WOOTRESS, GWENNA R
STREET ADDRESS	3850 THREE MILE LANE
CITY-ST-ZIP	MCMINNVILLE, OR 97128
TITLE	D <input type="checkbox"/> Delete
NAME	WAHLBERG, TIMOTHY G
STREET ADDRESS	3850 THREE MILE LANE
CITY-ST-ZIP	MCMINNVILLE, OR 97128
TITLE	TD <input type="checkbox"/> Delete
NAME	IRWIN, JOHN A
STREET ADDRESS	3850 THREE MILE LANE
CITY-ST-ZIP	MCMINNVILLE, OR 97128

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTRESS
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **4-14-05** **505-472-4341 x 4764**
Signature and typed or printed name of signing officer or director Date Daytime Phone #