

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000088197	
1. Entity Name EVERGREEN INVESTMENTS, INC.	
Principal Place of Business 13129 N 19 STREET STE 510-257 TAMPA, FL 33612 US	Mailing Address SUITE 510-257 2519 MCMULLEN BOOTH RD CLEARWATER, FL 33761 US



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3287793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NOEL, JERRY
SUITE 510-257
2519 MCMULLEN BOOTH ROAD
CLEARWATER, FL 34621**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

Jerry Noel
(NOTE: Registered Agent Signature required when reinstating)

12/31/04
DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOEL, JERRY
STREET ADDRESS	2519 MCMULLAN BOOTH RD
CITY-STATE-ZIP	CLEARWATER, FL

TITLE	D
NAME	GONZALEZ, ERNESTO P
STREET ADDRESS	3137 OLD POST DR
CITY-STATE-ZIP	BALTIMORE, MD 21208

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/10/05-80062-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/04
Date

(127) 467-4282
Daytime Phone #