

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000065729**

1. Entity Name  
**EVERGREEN SPECIALTIES, INC.**



Principal Place of Business  
**460 SOMERSET TERRACE  
PALM BEACH GARDENS, FL 33418 US**

Mailing Address  
**460 SOMERSET TERRACE  
PALM BEACH GARDENS, FL 33418 US**



01222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0600058**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SAYRE, ROBERT A  
46 SOMERSET TERRACE  
PALM BEACH GARDENS, FL 33418**

**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, 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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYRE, ROBERT A. 46 SOMERSET TERRACE PALM BEACH GARDENS, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABRAMS, MARC 8667 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDMAN, IRVING Z. 101 BANYAN ISLE DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, STEVEN 24 BERMUDA LANE DRIVE PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000012572  
01/26/04-80015-015 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04