

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

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|--|---|---|---|--|--|
| DOCUMENT # P97000105871 1. Entity Name ALWAYS GREEN, INC. | | | | | |
| Principal Place of Business 420 ROBERTS RD OLDSMAR FL 34677 US | | | Mailing Address P O BOX 297 OLDSMAR FL 34677 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FCI Number 59-3483194 <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 1st MOORE CR2E034 (10/05) | |
| 6. Name and Address of Current Registered Agent EELLS, PETER 536 BAYWOOD DR. NORTH DUNEDIN FL 34698 | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P EELLS, PETER C 536 BAYWOOD DR. NORTH DUNEDIN FL 34698 | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | U000000424532 02/18/06-80055-010 158.75 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VPST EELLS, DOROTHY M 536 BAYWOOD DR. NORTH DUNEDIN FL 34698 | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Dorothy M. Eells</u> DOROTHY M. EELLS 2/3/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 813-818-702 | | | | | |