2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000035867

1. Entity Name

Principal Place of Business

3425 N FEDERAL HWY FORT LAUDERDALE, FL 33306

EVERGLADES VALET, INC.



Mailing Address

3425 N FEDERAL HWY

FORT LAUDERDALE, FL 33306

FILED Mar 16, 2004 08:00 AM Secretary of State



01142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3506578

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CURRAN, JOHN J 3530 SW 7TH ST OCALA, FL 34474

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, typod or printed name of registered agent and title if applicable (NOTE. Registered Agent algorithm required when relinateling).			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			000000089896 03/16/04-80007-012 150.00
10.	OFFICERS AND DIRECTORS		·
RITLE HAME STREET ADDRESS CITY-ST-ZIP	AST CURRAN, JOHN J 3530 SW 7TH ST OCALA, FL 34474		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	P CURTER,SR, DAVID J 3530 SW 7TH ST OCALA, FL 34474		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER,JR, DAVID J 3530 SW 7TH ST OCALA, FL 34474	DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 country and the land of the second or supplied to the second or supp			

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 eath; 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:

ENATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

223 04

954-546-0643

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