


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000093036

1. Entity Name
EVERGREEN HOLDINGS, INC.



Principal Place of Business 4348 SOUTHPOINT BLVD STE 230 JACKSONVILLE, FL 32216	Mailing Address 4348 SOUTHPOINT BLVD STE 230 JACKSONVILLE, FL 32216
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01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3540880	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANNA, NANCY L
 4348 SOUTHPOINT BLVD
 STE 230
 JACKSONVILLE, FL 32216**

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 _____ (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	D GREEN, ALAN J 4348 SOUTHPOINT BLVD STE 400 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GREEN, EDWARD L 4348 SOUTHPOINT BLVD STE 230 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HANNA, NANCY L 4348 SOUTHPOINT BLVD STE 400 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 19.07(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] Sec/Treas. 1/12/04 904-332-9809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #