2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000011829

1. Entity Name

EVERGREEN OUTDOOR SERVICES, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3522 BAUM RD

TALLAHASSEE, FL 32309

3522 BAUM RD TALLAHASSEE, FL 32309



04232008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3555251

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH, DIANE 3522 BAUM ROAD TALLAHASSEE, FL 32309

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TALLAHASSEE, FL 32309			IN THIS SPACE			
the obligat	ions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accep	ŧ
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable: (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000920353 05/14/08-80040-023 158.75	-
10.	OFFICERS AND DIREC	CTORS				~
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RANDOLPH, DIANE L 3522 BAUM ROAD TALLAHASSEE, FL 32309			. •		
NAME	RANDOLPH, RICHARD L					
STREET ADDRESS CITY-ST-ZIP	3522 BAUM ROAD TALLAHASSEE, FL 32309					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE		<u>, , , , , , , , , , , , , , , , , , , </u>				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 fall other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

4-21-08

880-251-4631