

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044021

FILED
Apr 19, 2004
Secretary of State

Entity Name: EVERGREEN PASCO MANAGEMENT COMPANY

Current Principal Place of Business:

944 39 TH AVENUE N
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

944 39 TH AVENUE N
SAINT PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 59-3582966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETTELLEIR, JOSEPH T
944 39TH AVENUE NORTH
SAINT PETERSBURG, FL 33703

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LETTELLEIR, JOSEPH T
Address: 944 39TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: ST () Delete
Name: BRODERICK, ROGOR
Address: 5514 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP () Delete
Name: SANTEREE, RICHARD
Address: PERSONAL REPRESENTATIVE OF STATE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: BRODERICK, ROGER
Address: 5514 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP (X) Change () Addition
Name: SANTERE, RICHARD
Address: PERSONAL REPRESENTATIVE OF STATE
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. LETTELLEIR

PS

04/19/2004

Electronic Signature of Signing Officer or Director

Date