

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90035 031 ***150.00

DOCUMENT # P99000044021					
1. Entity Name EVERGREEN PASCO MANAGEMENT COMPANY					
Principal Place of Business 944 39 TH AVENUE N SAINT PETERSBURG, FL 33703			Mailing Address 944 39 TH AVENUE N SAINT PETERSBURG, FL 33703		
2. Principal Place of Business - No P.O. Box # 5514 Park Blvd		3. Mailing Address 5514 Park Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pinellas Park, FL		City & State Pinellas Park, FL		4. FEI Number 59-3582966	
Zip 33781		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02162008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LETTELLEIR, JOSEPH T 944 39TH AVENUE NORTH SAINT PETERSBURG, FL 33703				7. Name and Address of New Registered Agent Name: Roger B. Broderick Street Address (P.O. Box Number is Not Acceptable): 5514 Park Blvd City: Pinellas Park FL Zip Code: 33781	
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:				DATE: 2/20/08	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME LETTELLEIR, JOSEPH T STREET ADDRESS 944 39TH AVENUE NORTH CITY - ST - ZIP SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME BRODERICK, ROGER STREET ADDRESS 5514 PARK BLVD CITY - ST - ZIP PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SANTERE, RICHARD STREET ADDRESS PERSONAL REPRESENTATIVE OF STATE CITY - ST - ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE:				DATE: 2/19/08 Daytime Phone #: 727-544-1403	
Roger B. Broderick					