


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90577 049 \*\*\*150.00

DOCUMENT # P03000059386  
 1. Entity Name  
 ENVIRONMENTAL RESERVES, INC.



Principal Place of Business      Mailing Address  
 29210 HADLOCK DRIVE      PO BOX 7498  
 WESLEY CHAPEL, FL 33544      WESLEY CHAPEL, FL 33544

20036943



2. Principal Place of Business      3. Mailing Address  
 2290 SR 60 West      PO BOX 6978  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04042005    Chg-P    CR2E034 (10/03)

City & State      City & State  
 Mulberry FL      Seffner FL

4. FEI Number      Applied For  
 20-0031878      Not Applicable

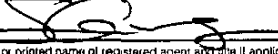
Zip      Country      Zip      Country  
 33860      Polk      33583      Hillsborough

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GANS, STEPHEN C  
 29210 HADLOCK DRIVE  
 WESLEY CHAPEL, FL 33544

7. Name and Address of New Registered Agent  
 Name      Stephen C GANS  
 Street Address (P.O. Box Number is Not Acceptable)  
 924 Hickory Fork DR  
 City      Seffner      FL      Zip Code      33584

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      4-4-05  
Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GANS, STEPHEN C MR. PO BOX 7498 WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. GANS, Stephen C. PO BOX 6978 Seffner, FL 33583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(j), 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:      STEPHEN GANS            DATE      4/4/05      DAYTIME PHONE #      813-363-7203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR