



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90214 006 \*\*\*150.00

<b>DOCUMENT # P99000006879</b> 1. Entity Name <b>1ST ENVIRO-SAFETY, INC.</b>					
Principal Place of Business <b>10200 BETSY PKWY SAINT JAMES, FL 33956</b>			Mailing Address <b>P.O. BOX 506 PINELAND, FL 33945</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 10200 Betsy Pkwy</i>			
City & State <b>ST JAMES</b>		City & State <b>ST JAMES</b>		4. FEI Number <b>65-0895405</b>	
Zip <b>33956</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TIDWELL, ANN P 13690 WATERFRONT DR. PINELAND, FL 33945</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>3917 W BAYOULN</i> City <b>BRADENTON</b> FL Zip Code <b>34207</b>	
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 <i>ANN P. TIDWELL</i> <b>ANN P. TIDWELL</b> DATE <b>4/26/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TIDWELL, TED</b> <b>13690 WATERFRONT DRIVE</b> <b>PINELAND, FL 33945</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD WINSHE <b>2313 SW 20TH TERR</b> <b>CAPE CORAL FL 33991</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>TIDWELL, ANN P</b> <b>13690 WATERFRONT DRIVE</b> <b>PINELAND, FL 33945</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TIDWELL, ANN P</b> <b>3917 W BAYOULN</b> <b>BRADENTON FL 34207</b>	<input checked="" 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	<b>PSTD</b> <b>WINSHE, SUELLEN</b> <b>2313 SW 20TH TERR</b> <b>CAPE CORAL FL 33991</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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 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: <i>ANN P. TIDWELL</i> <b>ANN P. TIDWELL</b>			Date <b>4/26/04</b> Daytime Phone # <b>941 727 4599</b>		