

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006807

FILED
Jan 04, 2005
Secretary of State

Entity Name: ENVIRONMENTAL PROFESSIONALS OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 3241
ST. PETERSBURG, FL 33731

New Principal Place of Business:

Current Mailing Address:

PO BOX 3241
ST. PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 59-3614534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBA, THOMAS ROBERT
447 3RD AVE NORTH
SAINT PETERSBURG, FL 33701 US

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUBA, THOMAS ROBERT
Address: 447 3RD AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: KRUEMPEL, CRAIG
Address: 2481 NW BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: HALE, KATHLEEN S
Address: 17 S LAKE AVE., STE. #201
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: LOONEY, PAUL
Address: 3 WEST GARDEN ST, STE. 300
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. CUBA

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date