


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000096948 1. Entity Name ENVIRODRI, INC.		
Principal Place of Business 17431 ALICO CENTER ROAD SUITE #1 FT. MYERS, FL 33912	Mailing Address 17431 ALICO CENTER ROAD SUITE #1 FT. MYERS, FL 33912	



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1147345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

KAYUSA, MICHAEL F ESQ
1922 VICTORIA AVE., STE. A
FT. MYERS, FL 33912

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FINCH, ROBERT 17431-1 ALICO CENTER RD. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COOK, THOMAS 17431-1 ALICO CENTER RD. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/14/05-80020-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Finch Robert H. Finch

Date

01/06/04

Daytime Phone #

239 454 4402