2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90037 043 ***150.00

DOCUMENT # 348343

1. Entity Name

CONTROLLED ENVIRONMENTS FOR INDUSTRY, INC.

Principal Place of Business	Mailing Address
4981 ATLANTIC BLVD 9 JACKSONVILLE FL 32207-2409 US	P.O. BOX 10428 JACKSONVILLE FL 32247-0428 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-1273380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL, JR., C. LEE
~~4981 ATLANTIC BLVD.~~ 1760 Shadowood Lane #410
~~SUITE 9~~
JACKSONVILLE FL 32207-~~2409~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	DANIEL JR,C LEE		NAME		
STREET ADDRESS	~~4981 ATLANTIC BLVD., SUITE 9~~		STREET ADDRESS	1760 Shadowood Lane #410	
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	Jacksonville, Fl 32207	
TITLE	PDST	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	SMITH, VICKI F.		NAME		
STREET ADDRESS	~~4981 ATLANTIC BLVD., SUITE 9~~		STREET ADDRESS	1760 Shadowood Lane #410	
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	Jacksonville, Fl 32207	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] C. LEE DANIEL, JR. (904) 396-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #