

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90006 013 ***150.00

DOCUMENT # 517855

1. Entity Name
JWB ENVIRONMENTAL, INC.



Principal Place of Business *310 PAWNEE TR* Mailing Address *310 PAWNEE TR*
~~1227 ROYAL OAK DR.~~ ~~1227 ROYAL OAK DR.~~
WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 US



06082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1695743		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOULICAULT, LOIS A. 1227 ROYAL OAK DR. WINTER SPRINGS, FL 32708		Name <i>Lois Boulicault</i> Street Address (P.O. Box Number is Not Acceptable) <i>310 PAWNEE TRAIL</i> City <i>Winter Springs</i> FL Zip Code <i>32708</i>	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P BOULICAULT, LOIS A. 1227 ROYAL OAK DR. WINTER SPRINGS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Lois A. Boulicault 310 PAWNEE TRAIL WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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]* 6/8/06 407-327-5500
 _____ Date Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR