

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # 550949

1. Entity Name
ENVIRONMENTAL UNDERGROUND, INC.



Principal Place of Business
**8393 NW 110TH ST
REDDICK, FL 32686 US**

Mailing Address
**PO BOX 510206
PUNTA GORDA, FL 33951 US**



DO NOT WRITE IN THIS SPACE

01162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1775520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SLACK, JAMES D
8393 NW 110TH STREET
28100 N. JONES LP. RD.
REDDICK, FL 32686**

**DO NOT WRITE
IN THIS SPACE**

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, 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	PTD
NAME	SLACK, JAMES D.
STREET ADDRESS	8393 NW 110TH ST
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	S
NAME	DEES, SHIRLEY L.
STREET ADDRESS	PO BOX 510898
CITY-ST-ZIP	PUNTA GORDA, FL 339510898
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80035-002 150.00

**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

4/27/05 (941) 575-9700

Date

Daytime Phone #