2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 550949

1. Entity Name
ENVIRONMENTAL UNDERGROUND, INC.

Principal Place of Business	Mailing Address
8393 NW 110TH ST REDDICK, FL 32686 US	PO BOX 510206 PUNTA GORDA, FL 33951-0206 US

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1775520	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 ST
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, 2008 Fee will be $550.00

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

U00000950129
06/03/08-80056-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTDS
NAME	SLACK, JAMES D.
STREET ADDRESS	8393 NW 110TH ST
CITY-ST-ZIP	REDDICK, FL 32686

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _James D. Slack_   JAMES D. SLACK   4/28/08   (941) 575-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #