

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 048 ***150.00

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03202003 Chg-P CR2E034 (10/03)

DOCUMENT # F01000000882 1. Entity Name CHARA ENVIRONMENTAL, INC.					
Principal Place of Business 226 ANTON RD. MADISONVILLE, KY 42431			Mailing Address 226 ANTON RD. MADISONVILLE, KY 42431		
2. Principal Place of Business 307 TOWNEPARK CIRCLE Suite, Apt. #, etc. UNIT M, SUITE 100		3. Mailing Address 307 TOWNEPARK CIRCLE Suite, Apt. #, etc. UNIT M, SUITE 100			
City & State LOUISVILLE, KY. 40243		City & State LOUISVILLE KY		4. FEI Number 61-1127098	
Zip 40243		Country JEFFERSON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS, INC. 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000			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 _____ <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PRICE, CHARLES E 855 CENTRAL CITY RD. MADISONVILLE, KY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRICE, JANET 855 CENTRAL CITY RD. MADISONVILLE, KY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Janet Price, V.P.</i>		6-1-04 502-245-1353 <small>Date Daytime Phone #</small>			