2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 06, 2005 8:00 am
Secretary of State
09-06-2005 90136 046 ***150.00

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07052005 Chg-P CR2E034 (10/03)

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1. Entity Name
PROVIDENCE ENVIRONMENTAL, INC.

Principal Place of Business	Mailing Address
312 SHARPE RD. COLUMBIA, SC 29203	P.O. BOX 290397 COLUMBIA, SC 29229

2. Principal Place of Business	3. Mailing Address
312 SHARPE RD.	P.O. BOX 3216
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: COLUMBIA S.C.	City & State: COLUMBIA, SC
Zip: 29203 Country: UNITED STATES	Zip: 29230 Country: UNITED STATES

4. FEI Number: 57-1078021 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSS, MARVIN I 26801 BISCAYNE BLVD., SUITE 506 MIAMI BEACH, FL 33180-1430	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 of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if either box checked)

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ **$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 P ☐ Delete NAME HEFNER, MARK STREET ADDRESS P.O. BOX 290397 CITY ST ZIP COLUMBIA, SC 29229	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY ST ZIP
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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: Denise Nixon 8/31/05 803-754-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #