

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2007 8:00 am**  
**Secretary of State**

08-14-2007 90007 044 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F06000004540</b>  |  |
| 1. Entity Name<br><b>ENVIRONMENTAL PRODUCTS &amp; SERVICES OF VERMONT, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3217 SE 19TH PLACE<br/>CAPE CORAL, FL 33904</b> | Mailing Address<br><b>532 STATE FAIR BOULEVARD<br/>SYRACUSE, NY 13204</b> |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

40143001



06292007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>03-0364761</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent        |             |
| <b>SHEARN, JOSEPH<br/>3217 SE 19TH PLACE<br/>CAPE CORAL, FL 33904</b> |  | 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) | DATE _____ |
|-----------------|---|------------|

|  |   |                                    |  |
|--|---|------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MELFI, ANTHONY<br>40 HAMILTON LANE<br>GLENMONT, NY 12077 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Melfi, Anthony<br>11 Durham Way<br>Clifton Park, NY 12065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PARZYCH, CHRISTOPHER<br>532 STATE FAIR BLVD.<br>SYRACUSE, NY 13204 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Parzych, Christopher<br>7512 Sugarwood Lane<br>N. Syracuse, NY 13212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MELANDER, DONALD<br>2 FLYNN AVENUE<br>BURLINGTON, VT 05401 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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.

|                         |   |                    |                                       |
|-------------------------|---|--------------------|---------------------------------------|
| <b>SIGNATURE:</b> _____ | <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> | Date <b>8-8-07</b> | Daytime Phone # <b>(315) 451-6666</b> |
|-------------------------|---|--------------------|---------------------------------------|