

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F26752

1. Entity Name
ENVIRONMENTAL PLANNING AND ANALYSIS, INC.



Principal Place of Business
**933 WEST THARPE STREET
TALLAHASSEE, FL 32303 US**

Mailing Address
**4823 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32308**

FILED
04 APR 30 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2104327

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMB, MARION D., JR.
3998 BRADFORDVILLE RD
STE A
TALLAHASSEE, FL 32308**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIVINGSTON, ROBERT J. 4823 BRADFORDVILLE ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIVINGSTON, MARILYN W. 4823 BRADFORDVILLE ROAD TALLAHASSEE, FL
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05/07/04--01096--025 **150.00

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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: *Marilyn W. Livingston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2004

Date

(850) 386-6046

Daytime Phone #

Marilyn W. Livingston Sec./Treasurer