

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90306 023 \*\*\*150.00

**DOCUMENT # F89551**

1. Entity Name  
**ENVIRO WORLD SYSTEMS OF FLORIDA, INC.**



Principal Place of Business  
**17879 SE 95TH ST RD  
 OKLAWAHA FL 32179  
 US**

Mailing Address  
**17879 SE 95TH ST RD  
 OKLAWAHA FL 32179  
 US**

**50042578**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 -Zip Country

4. FEI Number **59-2290198** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FREEL, DANA L.  
 17879 SE 95TH ST RD  
 OKLAWAHA FL 32179**

7. Name and Address of New Registered Agent  
 Name **Herbert--Freel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17879 SE 95th St Rd**  
 City **OKlawaha** FL Zip Code **32179**

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 **Herbert L Freel** *Pres* DATE **4-18-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	FREEL, DARLENE V	
STREET ADDRESS	17879 SE 95TH ST RD	
CITY-ST-ZIP	OKLAWAHA, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	FREEL, HERBERT L	
STREET ADDRESS	17879 SE 95TH ST RD	
CITY-ST-ZIP	OKLAWAHA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEL, DANA L	
STREET ADDRESS	17879 SE 95TH ST RD	
CITY-ST-ZIP	OKLAWAHA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Herbert L Freel** DATE: **4-18-05** DAYTIME PHONE #: **352-288-3234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR