

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F89551

1. Entity Name

ENVIRO WORLD SYSTEMS OF FLORIDA, INC.



FILED
Apr 13, 2007 08:00 AM
Secretary of State

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2290198

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FREEL, HERBERT
17879 SE 95TH ST RD
OKLAWAHA FL 32179

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VST
FREEL, DARLENE V
17879 SE 95TH ST RD
OKLAWAHA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
FREEL, HERBERT L
17879 SE 95TH ST RD
OKLAWAHA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
FREEL, DANA L
17879 SE 95TH ST RD
OKLAWAHA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
000000704286
04/23/07-80005-004 150.00

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Herbert L. Freel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

352-288-3734

Daytime Phone #