

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90005 033 \*\*\*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



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

1st MOORE

CR2E034 (10/07)

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

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 this, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	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 checked="" 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		
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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		

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 A. Freel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-08

352-2443734

Date

Daytime Phone #