


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90006 013 \*\*\*150.00

**DOCUMENT # F93000003913**

1. Entity Name  
**ENVIROWORKS, INC.**



Principal Place of Business  
**3000 WEST ORANGE AVE.  
 APOPKA, FL 32703 US**

Mailing Address  
~~3000 WEST ORANGE AVE.  
 APOPKA, FL 32703 US~~

**94034588**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2537 Daniels Street**  
 Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State  
**Madison, WI**

City & State  
**Madison, WI**

Zip  
**53718**

Country  
**us**

4. FEI Number  
**59-3197413**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 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 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	<b>C</b> <b>LANGENSKIOLD, BERTEL</b> <b>636 SCIENCE DR</b> <b>MADISON, WI 53711</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRURY, DAVID</b> <b>636 SCIENCE DR</b> <b>MADISON, WI 53711</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BOER, RALF</b> <b>636 SCIENCE DR</b> <b>MADISON, WI 53711</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>DENTON, WILLIAM</b> <b>636 SCIENCE DR</b> <b>MADISON, WI 53711</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>FREISCHLAG, PAUL</b> <b>636 SCIENCE DRIVE</b> <b>MADISON, WI 53711</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>DRURY, David</b> <b>2537 Daniels Street</b> <b>Madison, WI 53718</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>SIM, Richard G.</b> <b>2537 Daniels Street</b> <b>Madison, WI 53718</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SELF</b> <b>BOER, RALF</b> <b>2537 Daniels Street</b> <b>Madison, WI 53718</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEL</b> <b>Denton, William</b> <b>2537 Daniels Street</b> <b>Madison, WI 53718</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Klein, Jerome</b> <b>2537 Daniels Street</b> <b>Madison, WI 53718</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: Jerome Klein **Jerome Klein** 3/11/04 (608)294-4544  
Signature and typed or printed name of signing officer or director Date Daytime Phone #