

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F93260

1. Entity Name

SPACE ENVIRONMENTS, INC.



Principal Place of Business

% JOHN W BURGESS
2430 NE 20TH AVENUE
LIGHTHOUSE POINT, FL 33064

Mailing Address

% JOHN W BURGESS
2430 NE 20TH AVENUE
LIGHTHOUSE POINT, FL 33064



03212006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2214226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, JOHN W
2430 NE 20TH AVENUE
LIGHTHOUSE POINT, FL 33064

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURGESS, ELYSE
STREET ADDRESS	2430 N.E. 20TH AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	S
NAME	BURGESS, ELYSE
STREET ADDRESS	2430 N.E. 20TH AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	T
NAME	BURGESS, JOHN W.
STREET ADDRESS	2430 N.E. 20TH AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	VP
NAME	DEBORD, KEVIN
STREET ADDRESS	1434 NW 49TH AVENUE
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80058-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #