

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002526 1. Entity Name ENVIRONMENTAL MONITORING COMPANY, INC.	
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Principal Place of Business 183 PRADO RD. SAN LUIS OBISPO, CA 93401	Mailing Address 183 PRADO RD. SAN LUIS OBISPO, CA 93401
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3436033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
 236 EAST 6TH AVE.
 TALLAHASSEE, FL 32303

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

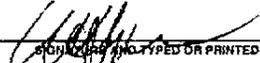
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC HAYES, WILLIAM A 142 FLORIN ST. PISMO BEACH, CA 93449
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAYES, THELMA M 142 FLORIN ST. PISMO BEACH, CA 93449
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BAYNHAM, CATHERINE 500 MADERA AVENUE MORRO BAY, CA 93407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/12/04-800002-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **2 July 04 (805) 544-2037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/2mo Phone #