


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000002526  
1. Entity Name  
ENVIRONMENTAL MONITORING COMPANY, INC.



Principal Place of Business      Mailing Address  
183 PRADO RD.      183 PRADO RD.  
SAN LUIS OBISPO, CA 93401      SAN LUIS OBISPO, CA 93401

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
95-3436033      Not Applicable

5. Certificate of Status Desired        \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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01/10/05-80065-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W.A. Hayes      Date: 5 JAN 2005      Daytime Phone #: 805 544 2057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR