2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000005128  1. Entity Name TRIAD ENVIRONMENTAL CONSULTANTS, INC.			Mar 28, 2005 08:00 A Secretary of State					
Principal Place of Business	Mailing Address		<del>' -                                   </del>	1				
207 DONELSON PARK SUITE #200 NASHVILLE TN 37214 US	207 DONELSON PARK SUITE #200 NASHVILLE TN 37214 US			 				OG ROCKERT ET BERT
2. Principal Place of Business	3. Mailing Address	·						
Suite, Apt #, etc.	Suite, Apt. #, etc.		·· <del>·</del>	15	st MOORE	CR2E034	4 (10/04)	
City & State	City & State	··		4. FEI Numb	62-163519	)5		Applied For Not Applicable
Zip Country	Zip Count		try	5. Certificate	e of Status Desired	×	\$8.75 A	Additional
6. Name and Address of Current	Registered Agent			7. Name and	d Address of New	Registered	Agent	
0 = 00==00 + =10++0++0++0++	-		Name		•			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
			City				Zip Co	ode
			•			Fl	<b>-</b>   '	
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	the purpose of changing its	registere	ed office or register	red agent, or bo	oth, in the State of F	lorida. Lam	ı familiar wi	th, and accept
	•							
SIGNATURE Signature, typed or printed name of registered agent a	ind title if applicable (NOTE	F. Registered	Agent signature required	when reinstations	<del></del> _	DATE		
2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	*********		190100	men processy	1			<del></del> _
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of	State				9. Election Camp Trust Fund Co			5.00 May Be ided to Fees
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 11
HITLE DCV	☐ Delete	TITLE			Hononor	אספסק	☐ Change	e 🔲 Addition
NAME HINCH, T DWIGHT	NAI CI		ŧ .	000000278984		. 75		
STREET ADDRESS   2819 COLONIAL CIR CITY-ST-ZIP   NASHVILLE TN 37214			T ADORESS ST-ZIP	الما في الإسلامان المساهدة ال				
TITLE DS	□ Delete	TITLE	<del></del>				☐ Change	e Addition
NAME SULLIVAN, NANCY B	□1 Delete	NAME						E Addition
STREET ADDRESS 2809 LEALTO COURT	· ·		I AODRESS					
CITY-ST-ZIP NASHVILLE TN 37214		CITA	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
ilit DP	Delete	1 TITLE					☐ Change	Addition
NAME HOBBS, MARK A STREET ADDRESS 219 HAVERFORD AVENUE		MAM STREET	T ADORESS					
CITY-ST-ZIP NASHVILLE TN 37205			ST - ZIP					
TIFLE	☐ Delete	une					☐ Change	e [] Addition
NAME	20000	NAME						
STREET ADDRESS			J ADDRESS					
CITY-ST-ZIP		CITA	ST-ZIP					
TITLE NAME	☐ Delete	HILE					☐ Change	Addition 🗔
STREET ADDRESS -		NAME STREE	T ADDRESS					
CITY- ST - ZIP		CITY	ſ					
NTLE	□ Delete	THE	<del></del>	·	<u>-</u> -		☐ Change	Addition
NAME		NAME						<del>_</del> · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		•	T ADORESS					
CITY-ST-ZIP			ST-ZIP					<del></del>
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emporchanged, or on an attachment yith an address with the corporation of the corporatio	this filing does not qualify for true and accurate and that m wered to execute this report a	the exem ny signatu as require	nption stated in Se are shall have the s ed by Chapter 607	ction 119.07(3) ame legal effec , Florida Statute	(î), Florida Statutes. ct as if made under es; and that my nan	I further ce oath; that I se appears	rtify that the am an offic in Block 10	e information er or director or Block 11 if

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED