

**2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90004 011 \*\*\*150.00



**DOCUMENT # F97000005402**

1. Entity Name

**BSI ENVIRONMENTAL, INC.**

Principal Place of Business

**4474 WOODBINE RD., BLDG 3 SUITE 12  
 PACE FL 32571**

Mailing Address

**4474 WOODBINE RD  
 BLDG 3, SUITE 12  
 MILTON FL 32571**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**#357 ; 1765 E. NINE MILED R**

Suite, Apt. #, etc.

**SUITE 1**

City & State

City & State

**PENSACOLA, FL**

4. FEI Number

**75-2261037**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32514**

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity admits 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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9-8-04**

DATE

**FILE NOW!!! FEE IS \$550.00  
 DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DP**  
 STREET ADDRESS **FAESSVER, PAT**  
 CITY-ST-ZIP **4474 WOODBINE RD. BLDG 3 STE 12  
 PACE FL 32571**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
 STREET ADDRESS **LISSNER, KURT**  
 CITY-ST-ZIP **RT. 3, BOX 375  
 BIG SANDY TX 75755**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **LISSNER, ANGELA**  
 CITY-ST-ZIP **RT. 3, BOX 375  
 BIG SANDY TX 75755**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-8-04**

Date

Daytime Phone #