

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90004 042 \*\*\*158.75

DOCUMENT # J53932

1. Entity Name  
 KING ENVIRONMENTAL, INC.



Principal Place of Business  
 4921 MEMORIAL HIGHWAY  
 SUITE 300  
 TAMPA, FL 33634-7520 US

Mailing Address  
 4921 MEMORIAL HIGHWAY  
 SUITE 300  
 TAMPA, FL 33634-7520 US

40025559



02262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2760626 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORCHARD, JAMES A TD  
 4921 MEMORIAL HIGHWAY, STE 300  
 TAMPA, FL 33634

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	FARMER, EDWIN
STREET ADDRESS	4921 MEMORIAL HWY. STE 300
CITY - ST - ZIP	TAMPA, FL 336347520
TITLE	TD
NAME	ORCHARD, JAMES A
STREET ADDRESS	4921 MEMORIAL HWY STE, 300
CITY - ST - ZIP	TAMPA, FL 336347520
TITLE	V
NAME	APPENZELLER, KEITH A
STREET ADDRESS	4921 MEMORIAL HWY STE, 300
CITY - ST - ZIP	TAMPA, FL 336347520
TITLE	V
NAME	O'CONNOR, THOMAS M
STREET ADDRESS	4921 MEMORIAL HWY STE, 300
CITY - ST - ZIP	TAMPA, FL 336347520
TITLE	CFO
NAME	Orchard, James A.
STREET ADDRESS	4921 Memorial Hwy Ste 300
CITY - ST - ZIP	Tampa FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: Alexander Mita Alexander Mita 2/26/07 8138808881  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #