


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # L26430 1. Entity Name ENVIRONMENTAL RECOVERY, INC.		
Principal Place of Business 251 LEVY ROAD ATLANTIC BEACH, FL 32233	Mailing Address PO BOX 330569 ATLANTIC BCH, FL 32233 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DALE, HOWARD L. 135 WEST BAY STREET SUITE 200 JACKSONVILLE, FL 32202		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, STEVEN T. 251 LEVY RD ATLANTIC BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENKINS, POSEY H 251 LEVY ROAD ATLANTIC BEACH, FL 32233	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <u>Steven T. Jenkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/25/07</u> <u>904241-2200</u> <small>Date Daytime Phone #</small>



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3030249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000609011
02/01/07-80034-002 150.00

**DO NOT WRITE
IN THIS SPACE**