2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L63812

Entity Name: ENVIRONMENTAL ANALYSIS & PERMITTING, INC.

Current Principal Place of Business:

299 DR MARTIN LUTHER KING JR STREET NORTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 683
ST. PETERSBURG, FL 337310683 US

New Mailing Address:

FEI Number: 59-3011661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
220 S FRANKLIN ST
TAMPA, FL 33602 US

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.

SIGNATURE: _____ 04/17/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CHURCHILL, GEORGE J PD	
Address:	299 DR MARTIN LUTHER KING JR STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	V	( ) Delete
Name:	BAUER, EUGENE V	
Address:	299 DR MARTIN LUTHER KING JR STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	SD	( ) Delete
Name:	LOTT, MARTIN T SD	
Address:	299 DR MARTIN LUTHER KING JR STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	TD	( ) Delete
Name:	KENT, WILLIAM D TD	
Address:	299 DR MARTIN LUTHER KING JR STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	D	( ) Delete
Name:	KENT, LEWIS H D	
Address:	299 DR MARTIN LUTHER KING JR STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	D	( ) Delete
Name:	STEINWAY, JOHN E	
Address:	299 DR MARTIN LUTHER KING JR STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D KENT TD 04/17/2009
Electronic Signature of Signing Officer or Director — Date