2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # L66706 1. Entity Name ENVIRONMENTAL SUPPLY, INC.



04-28-2008 90347 046 ***150.00

Apr 28, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

3255 HWY 90 E BONIFAY, FL 32425 US Mailing Address

US HWY 90 E P 0 B0X 130

BONIFAY, FL 32425 US



04232008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	59-3003961

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fcc Required

6.	Name	and	Address	of	Current	Registered	Agent

COATES, MARTIN E. 3255 HWY 90

DO NOT WRITE

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, a the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS	IN THIS SPACE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 PILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees	and accept		
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			
OFFICERS AND DIRECTORS			
TITLE OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS COATES, MARTIN E. STREET ADDRESS CITY-ST-ZIP BONIFAY, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the 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.	formation		

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR