


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L68860	
1. Entity Name ENVIRONMENTAL COMPOSITES, INC.	

Principal Place of Business 4250 LAKE INDUSTRIAL BLVD TAVARES, FL 32778	Mailing Address 4250 LAKE INDUSTRIAL BLVD TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3016409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMMONS, CHESTER L., JR. 10712 SUMMIT SQUARE RD LEESBURG, FL 34788
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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 _____

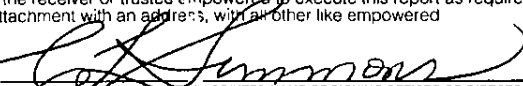
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIMMONS, CHESTER L., JR. 10712 SUMMIT SQ RD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMMONS, CHESTER 28043 LEUTY ROAD OKAHUMPKA, FL 34762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SIMMONS, DIANNE 10712 SUMMIT SQ RD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSTON, MARY J 17223 HOLLY COURT UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000838428
03/05/08-80029-022 150.00

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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:  **2/19/08 352.343-3449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #