

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90145 023 \*\*\*\*61.25

<b>DOCUMENT # N27987</b> 1. Entity Name <b>PORT EVERGLADES ENVIRONMENTAL CORP.</b>			
Principal Place of Business <b>2580 EISENHOWER BLVD.</b> <b>STE. 320</b> <b>FT. LAUDERDALE, FL 33316 US</b>		Mailing Address <b>P.O. BOX 265180</b> <b>FORT LAUDERDALE, FL 33316 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2550 Eisenhower Blvd</b> Suite, Apt. #, etc. <b>Suite 320</b>		3. Mailing Address <b>P.O. Box 22833</b> Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33316</b>	Country <b>USA</b>	Zip <b>33335-2833</b>	Country <b>USA</b>
4. FEI Number <b>65-0085539</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WELLS, ROBERT W.</b> <b>1320 SOUTH DIXIE HIGHWAY</b> <b>SUITE 811</b> <b>MIAMI, FL 33146</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DOKKEN, ANNETTE 1200 S.E. 28TH STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MILLER, DONNA 2300 WINDY RIDGE PARKWAY, SUITE 800 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNARD, KARL 2401 EISENHOWER BLVE FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.			
<b>SIGNATURE:</b> <i>Eamon N. Doherty</i>		<b>EAMON N DOHERTY</b> 3/26/07 770 753 0600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT

40051228

**ADDENDUM TO BLOCK 11, DOCUMENT #N27987**  
**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**  
**PORT EVERGLADES ENVIRONMENTAL CORPORATION**

**Item 11. Continued-DIRECTORS AND OFFICERS NOT LISTED ON PRINTED FORM THAT ARE DIRECTORS AND OFFICERS IN 2007**

**TITLE** PD  
**NAME** EAMON N. DOHERTY  
**STREET ADDRESS** 5170 SOUTHLAKE DRIVE  
**CITY-ST-ZIP** ALPHARETTA, GA 30005

**TITLE** SD  
**NAME** BRUCE R. FRINK  
**STREET ADDRESS** 17725 ESPRIT DRIVE  
**CITY-ST-ZIP** TAMPA, FL 33647

**TITLE** D  
**NAME** RANDAL COIL  
**STREET ADDRESS** 501 WESTLAKE BOULEVARD, WL1-20.11D  
**CITY-ST-ZIP** HOUSTON, TX 77079

**TITLE** D  
**NAME** WADE HINSHAW  
**STREET ADDRESS** 112 TOWN PARK DRIVE, SUITE 125  
**CITY-ST-ZIP** KENNESAW, GA 30144

**TITLE** D  
**NAME** SCOTT EATON  
**STREET ADDRESS** 3877 FLOWERS ROAD  
**CITY-ST-ZIP** DORAVILLE, GA 30360

**TITLE** D  
**NAME** MARK AEBI  
**STREET ADDRESS** ConocoPhillips, 1344 PB  
**CITY-ST-ZIP** BARTLESVILLE, OK 74004

**TITLE** D  
**NAME** TOMMY JORDAN  
**STREET ADDRESS** 200 MANSELL COURT EAST, SUITE 600  
**CITY-ST-ZIP** ROSWELL, GA 30076-4853

**TITLE** D  
**NAME** MICHELLE DYGAN  
**STREET ADDRESS** 2300 WINDY RIDGE PARKWAY, SUITE 800  
**CITY-ST-ZIP** ATLANTA, GA 30339

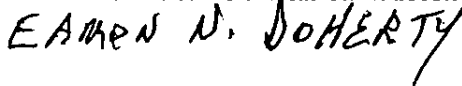
SIGNATURE:



SIGNATURE OF SIGNING OFFICER OR DIRECTOR

**EAMON N. DOHERTY**

TYPED NAME OF SIGNING OFFICER OR DIRECTOR



3/26/07

DATE

770 713 0600

DAYTIME PHONE #