


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000000592</b> 1. Entity Name ENVIRONMENTAL ADVOCATES, INCORPORATED	
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Principal Place of Business 4350 SE 145TH STREET SUMMERFIELD, FL 34491	Mailing Address PO BOX 2776 BELLEVIEW, FL 34421
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03272003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3253197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HENNESSEY, TISH P O BOX 723 10252 SE HWY 464 C OCKLAWAHA, FL 32179
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000001165376 07/13/04-80003-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENNESSY, TISH P O BOX 723 N/A OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SHAW, DON P O BOX 2776 N/A BELLEVIEW, FL 34421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TARASKA, VICTORIA W 6133 SE 123 LANE BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowered.

<b>SIGNATURE:</b> <u>Don Shaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7-5-04</u> <u>352 245-8011</u> <small>Date Daytime Phone #</small>
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