

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005219

FILED
Apr 01, 2005
Secretary of State

Entity Name: CENTER FOR ENVIRONMENTAL COMPLIANCE, INC.

Current Principal Place of Business:

7750 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

7750 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-0785091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESCARVER, JOHN P
7750 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: WHITESCARVER, JOHN P
Address: 7750 S.E. DOUBLE TREE DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: MR. () Delete
Name: WHITESCARVER, ELIZABETH J
Address: 7750 S.E. DOUBLE TREE DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: MR. () Delete
Name: HEIMS, HOWARD
Address: 5555 NE GULFSTREAM WAY
City-St-Zip: STUART, FL 34996

Title: MR. () Delete
Name: HANNAH, GORDON
Address: 1456 NE OCEAN BLVD 5-201
City-St-Zip: STUART, FL 34996

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WHITESCARVER

MR.

04/01/2005

Electronic Signature of Signing Officer or Director

Date