
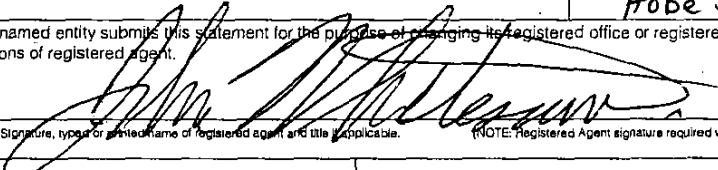
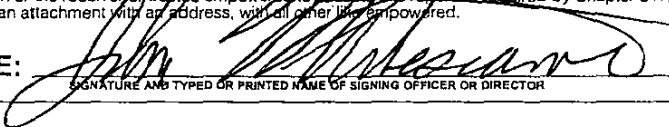


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90026 001 ****61.25

DOCUMENT # N98000003628			
1. Entity Name CONSERVATION PRESERVATION ENVIRONMENTAL, INC.			
Principal Place of Business 7000 SE FEDERAL HWY 205 303 STUART, FL 34997		Mailing Address 7000 SE FEDERAL HWY SUITE 205 303 STUART, FL 34997	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7000 SE Federal Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 303	
City & State		City & State Stuart, FL	
Zip		Zip 34997	
Country		Country USA	
4. FEI Number 65-6296442		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 SOPKO, JAMES 853 SE MONTEREY COMMONS BLVD STUART, FL 34996		7. Name and Address of New Registered Agent Name Whitescarver, John Street Address (P.O. Box Number is Not Acceptable) 7750 Doubletree Dr City Hobe Sound FL Zip Code 33455	
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 		DATE March 10, 2008	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITESCARVER, JOHN 7750 DOUBLETREE DRIVE HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Whitescarver, John 7750 Doubletree Dr Hobe Sound, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COLE, PHYLLIS 91 SE CAYUGA STREET STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Phyllis Cole 91 SE Cayuga St Stuart, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITESCARVER, JOHN 7750 DOUBLETREE DR HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gorny, Diane 1741 SW Burlington St. Port St. Lucie, FL 34984 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNAH, GORDON C 3553 SE FAIRWAY EAST STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEINBACH, JOSEPH 6941 SE WINGED FOOT DR STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Spofford, Beverly 7122 SE Sweetwood, Ter Stuart, FL 34997 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 the 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.			
SIGNATURE: 		DATE: March 10, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40045100



01112008 Chg-NP CR2E037 (12/06)