

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

**FILED  
Apr 06, 2004  
Secretary of State**

DOCUMENT# N99000006807

Entity Name: ENVIRONMENTAL PROFESSIONALS OF FLORIDA, INC.

**Current Principal Place of Business:**

PO BOX 3241  
ST. PETERSBURG, FL 33731

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3241  
ST. PETERSBURG, FL 33731

**New Mailing Address:**

FEI Number: 59-3614534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUBA, THOMAS ROBERT  
447 3RD AVE NORTH  
SAINT PETERSBURG, FL 33701      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: PD      ( ) Delete  
Name: CUBA, THOMAS ROBERT  
Address: 447 3RD AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D      ( ) Delete  
Name: KRUEMPEL, CRAIG  
Address: 2481 NW BOCA RATON BLVD.  
City-St-Zip: BOCA RATON, FL 33431

Title: D      ( ) Delete  
Name: HALE, KATHLEEN S  
Address: 17 S LAKE AVE., STE. #201  
City-St-Zip: ORLANDO, FL 32801

Title: D      ( ) Delete  
Name: LOONEY, PAUL  
Address: 3 WEST GARDEN ST, STE. 300  
City-St-Zip: PENSACOLA, FL 32501

Title: D      (X) Delete  
Name: KERR, BILL  
Address: 325 FIFTH AVE., #208  
City-St-Zip: INDIALANTIC, FL 32903

Title: D      (X) Delete  
Name: WEINBERG, ED  
Address: 49 FLAGLER AVE., STE. 202  
City-St-Zip: STUART, FL 34994

**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:

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: THOMAS R. CUBA

PD

04/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date