


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000071911</b>	
1. Entity Name <b>ENVIROVENTURES, INC.</b>	

Principal Place of Business <b>201 27TH STREET NORTH ST PETERSBURG, FL 33713</b>	Mailing Address <b>201 27TH STREET NORTH ST PETERSBURG, FL 33713</b>
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**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3689840</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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**6. Name and Address of Current Registered Agent**

**DOSS, DAVID N  
5209 GULFPORT BLVD  
GULFPORT, FL 33707**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U00000566017  
05/24/06-80006-017 558.75**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CIANCIOLO-NAHON, JANINE 201 27TH STREET NORTH ST PETERSBURG, FL 33713</b>
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another I am empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/20/06* **(423)**  
*x 423-7531*  
DATE Daytime Phone #