2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000089846

1. Entity Name
ENVIRO-TEC INDUSTRIES, INC.

Principal Place of Business	Mailing Address
6479 NIKKI WAY LAKE WORTH, FL 33467	6479 NIKKI WAY LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

02162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0622762	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VELEZ, ADRIANA
6479 NIKKI WAY
LAKE WORTH, FL 33467

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PDST	
NAME	VELEZ, ADRIANA	
STREET ADDRESS	6479 NIKKI WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	V	U00000319982
NAME	GRANT, MICHAEL	04/21/05-80019-017 150.00
STREET ADDRESS	2489 DEEP CREEK RD	
CITY-ST-ZIP	PERKIOMENVILLE, PA 18077	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		DO NOT WRITE
STREET ADDRESS		IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #