

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90197 001 ****50.00
02-23-2006 90197 002 ***100.00

66002310



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3750211
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOCUMENT # P01000091501

1. Entity Name
ENVIRONMENTAL PERMITTING, INC.



Principal Place of Business

315 BREVARD AVE., STE. 5
COCOA, FL 32922

Mailing Address

315 BREVARD AVE., STE. 5
COCOA, FL 32922

2. Principal Place of Business

3230 Murrell Rd.
Suite, Apt. #, etc.
Ste. 200
City & State
Rockledge FL

3. Mailing Address

3230 Murrell Rd.
Suite, Apt. #, etc.
Ste. 200
City & State
Rockledge FL

City & State

Zip
32955
Country
USA

City & State

Zip
32955
Country
USA

SUNDIN, GLENN T
335 SOUTH PLUMOSA ST., STE. A
MERRITT ISLAND, FL 32952

Name
RALPH McCOIG

Street Address (P.O. Box Number is Not Acceptable)

3230 MURRELL ROAD #200

City
ROCKLEDGE
FL
Zip Code
32955

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 Ralph McCoig Ralph McCoig 2/16/06
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
MCCOIG, E.
STREET ADDRESS
315 BREVARD AVE., STE. 5
CITY-ST-ZIP
COCOA, FL 32922 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-9-06 Daytime Phone 321-960-1338