


**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

**DOCUMENT # P01000091501**

1. Entity Name  
**ENVIRONMENTAL PERMITTING, INC.**



Principal Place of Business      Mailing Address

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

**66002310**



2. Principal Place of Business      3. Mailing Address

**3230 Murrell Rd.**      **3230 Murrell Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ste. 200**      **Ste. 200**

01092006      Chg-P      CR2E034 (11/05)

City & State      City & State

**Rockledge FL**      **Rockledge FL**

Zip      Country      Zip      Country

**32955**      **USA**      **32955**      **USA**

4. FEI Number      Applied For

**59-3750211**       Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**      DATE **2/16/06**

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

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MCCOIG, E.</b>	
STREET ADDRESS	<b>315 BREVARD AVE., STE. 5</b>	
CITY - ST - ZIP	<b>COCOA, FL 32922</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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**