

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90017 039 ***150.00

DOCUMENT # P01000108571

1. Entity Name
EVERTRUST PURIFICATION, INC.



Principal Place of Business
8903 SW 16TH STREET
BOCA RATON, FL 33433

Mailing Address
8903 SW 16TH STREET
BOCA RATON, FL 33433

14000262



03082004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0532998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'NEAL, PATRICK ESQ
2900 E OAKLAND PARK BLVD, THIRD FLOOR
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 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 D ☐ Delete
NAME JOHNSON, GREGORY
STREET ADDRESS 1642 HERBERT STREET
CITY-ST-ZIP DOWNERS GROVE, IL 60515

TITLE D/P ☒ Change ☐ Addition
NAME JOHNSON, GREGORY L.
STREET ADDRESS 1642 HERBERT ST.
CITY-ST-ZIP DOWNERS GROVE, IL 60515

TITLE DVPS ☐ Delete
NAME BROPHY, CAROL
STREET ADDRESS 8903 SW 16TH STREET
CITY-ST-ZIP BOCA RATON, FL 33433

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

TITLE D ☐ Delete
NAME JOHNSON, DIANNE
STREET ADDRESS 1647 HERBERT STREET
CITY-ST-ZIP DOWNERS GROVE, IL 60515

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: X Carol Brophy CAROL BROPHY

Date

Daytime Phone #

3-11-04 954-714-2706