

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000115426

**FILED**  
**Nov 25, 2008**  
**Secretary of State**

**Entity Name:** CARMAN ENVIRONMENTAL INC.

**Current Principal Place of Business:**

5133 EAGLE ISLAND DRIVE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

16040 SKIERS WAY  
DADE CITY, FL 33523

**Current Mailing Address:**

POST OFFICE BOX 2055  
LAND O LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 59-3759985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARMAN, THOMAS R  
5133 EAGLE ISLAND DRIVE  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

CARMAN, THOMAS R  
16040 SKIERS WAY  
DADE CITY, FL 33523 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

11/25/2008

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARMAN, THOMAS  
Address: 5133 EAGLE ISLAND DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

Title: VD (X) Delete  
Name: GALLACHER CARMAN, ANNE  
Address: 5133 EAGLE ISLAND DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CARMAN, THOMAS  
Address: 16040 SKIERS WAY  
City-St-Zip: DADE CITY, FL 33523

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CARMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

11/25/2008

\_\_\_\_\_  
Date