## 2004 FOR PROFIT CORPORATION

## Apr 16, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000021008** 04-16-2004 90105 024 \*\*\*150.00 BUILDING ENVIRONMENT CONSULTANTS, INC. Mailing Address Principal Place of Business 880 JUPITER PARK DRIVE 880 JUPITER PARK DRIVE SUITE 5 SUITE 5 24043877 JUPITER, FL 33458 JUPITER, FL 33458 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0442294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAILEY, RONALD B DO NOT WRITE 8633 DAMASCUS DR. PALM BEACH GARDENS, FL 33418 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BAILEY, RONALD B NAME 880 JUPITER PARK DRIVE, SUITE 5 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 TITLE BAILEY, HOLLACE J NAME 880 JUPITER PARK DRIVE, SUITE 5 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED