

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000072582

1. Entity Name
ENVIRONMENTAL REMEDY & RECOVERY, INC.



Principal Place of Business
**22430 JOLLY ROGER DR
CUDJOE KEY KEY WEST, FL 33042**

Mailing Address
**22430 JOLLY ROGER DR
CUDJOE KEY KEY WEST, FL 33042**

DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0606001

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSSO, EDWARD R
22430 JOLLY ROGER DR
CUDJOE KEY KEY WEST, FL 33042**

**DO NOT WRITE
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

7.5.06

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000567984
07/06/06-80003-004 550.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RUSSO, EDWARD R
STREET ADDRESS	22430 JOLLY ROGER DR
CITY-ST-ZIP	CUDJOE KEY KEY WEST, FL 33040
TITLE	D
NAME	RUSSO, EDWARD R
STREET ADDRESS	22430 JOLLY ROGER DR
CITY-ST-ZIP	CUDJOE KEY KEY WEST, FL 33042
TITLE	VSD
NAME	GWYN-WILLIAMS, CORAL
STREET ADDRESS	22430 JOLLY ROGER DR
CITY-ST-ZIP	CUDJOE KEY KEY WEST, FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.5.06

Date

305-745-8588

Daytime Phone #