

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90004 004 \*\*\*150.00

**DOCUMENT # P03000032495**

1. Entity Name  
**ENVIRON HEALTH ASSOCIATES, INC.**



Principal Place of Business  
**2694 MAGNOLIA ROAD  
DELAND, FL 32720**

Mailing Address  
**2694 MAGNOLIA ROAD  
DELAND, FL 32720**

**34000760**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06252004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**14-1876828**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

Name  
**ROY E COSTA**

Street Address (P.O. Box Number is Not Acceptable)  
**2694 MAGNOLIA RD**

City **DELAND** FL Zip Code **32720**

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 *Roy E Costa*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/25/2004**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
COSTA, ROY E  
2694 MAGNOLIA ROAD  
DELAND, FL 32720** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Roy E Costa* President

**6/25/2004**

~~HH~~ Hahnent

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57059726

IN HOME TAX SERVICE, INC  
206 S SPRING GARDEN AVE  
DELAND FL 32720  
386 736 8752  
Fax 386 738 5943

<http://www.inhometaxservice.com>  
email: Winston@inhometaxservice.com

June 25, 2004

RE: FLORIDA DEPT OF CORPORATIONS

Dear Sir or Madam:

Please find enclosed a check for \$150.00 and the annual corporation report for ENVIRON HEALTH ASSOCIATES, INC. The shareholder of the corporation was not the registered agent and therefore did not receive the annual renewal form. We therefore request that the renewal fee of \$150.00 be honored. The registered agent has also been changed to the shareholder to avoid this situation in the future.

SINCERELY,

*Winston Weilheimer*

WINSTON WEILHEIMER  
PRESIDENT  
IN HOME TAX SERVICE, INC.