


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90577 049 \*\*\*150.00

<b>DOCUMENT # P03000059386</b>	
1. Entity Name <b>ENVIRONMENTAL RESERVES, INC.</b>	

Principal Place of Business <b>29210 HADLOCK DRIVE WESLEY CHAPEL, FL 33544</b>	Mailing Address <b>PO BOX 7498 WESLEY CHAPEL, FL 33544</b>
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**20036943**



2. Principal Place of Business <b>2290 SR 60 West</b>	3. Mailing Address <b>PO BOX 6978</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

City & State <b>Mulberry FL</b>	City & State <b>Seffner FL</b>
Zip <b>33860</b>	Zip <b>33583</b>
Country <b>Polk</b>	Country <b>Hillsborough</b>

4. FEI Number <b>20-0031878</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GANS, STEPHEN C 29210 HADLOCK DRIVE WESLEY CHAPEL, FL 33544</b>	
7. Name and Address of New Registered Agent Name <b>Stephen C GANS</b> Street Address (P.O. Box Number is Not Acceptable) <b>924 Hickory Fork DR</b> City <b>Seffner</b> FL Zip Code <b>33584</b>	

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  DATE **4-4-05**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES GANS, STEPHEN C MR. PO BOX 7498 WESLEY CHAPEL, FL 33544</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES. GANS, Stephen C. PO BOX 6978 Seffner, FL 33583</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **STEPHEN GANS**  DATE **4/4/05** DAYTIME PHONE # **813-363-7203**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR