2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059386

1. Entity Name
ENVIRONMENTAL RESERVES, INC.

40062280

Principal Place of Business	Mailing Address
2290 SR 60 WEST MULBERRY, FL 33860	PO BOX 6978 SEFFNER, FL 33583

03022008　　No Chg-P　　CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-0031878	Not Applicable

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

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6. Name and Address of Current Registered Agent

GANS, STEPHEN C
924 HICKORY FORK DRIVE
SEFFNER, FL 33584

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
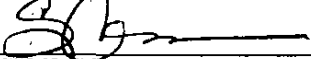

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐　**$5.00** May Be Added to Fees

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10.　　　OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GANS, STEPHEN C MR.
STREET ADDRESS	P.O. BOX 6978
CITY-ST-ZIP	SEFFNER, FL 33583

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____President_____ 3-18-08 　813)574-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #