## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000075413

Entity Name: ENVIROTECH SOLUTIONS, INC.

FILED Mar 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5760 SE 41 ST OCALA, FL 34480

Current Mailing Address: New Mailing Address:

5760 SE 41 ST OCALA, FL 34480

FEI Number: 20-0109450 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TROW, CHESTER J 1 NE FIRST AVE STE 303 OCALA, FL 34470 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Electronic dignature of Negistered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DAWSON, EMILY

DAWSON, VIRGINIA

3290 GLENCAIRN RD

SILVER SPRINGS, FL 34489

SHAKER HEIGHTS, OH 44122

PO BOX 1194

(X) Change ( ) Addition

(X) Change ( ) Addition

Title: D () Delete Title:
Name: RICHARDSON, EMILY D Name:

Name: RICHARDSON, EMILY D Address: PO BOX 1194

City-St-Zip: SILVER SPRINGS, FL 34489

 Title:
 D
 ( ) Delete

 Name:
 DAWSON, VIRGINIA

 Address:
 3290 CLENCAIM RD

City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 KAPLAN, LEE

 Address:
 Address:
 3111 SE 24TH AVE

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY DAWSON D 03/18/2004