

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90002 004 \*\*\*150.00

DOCUMENT # P03000127817		
1. Entity Name NUMACK ENVIRONMENTAL, INC.		

Principal Place of Business 7216 PRESIDIO GLEN BRADENTON, FL 34202	Mailing Address 7216 PRESIDIO GLEN BRADENTON, FL 34202
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40022323



2. Principal Place of Business - No P.O. Box # 7628 PORTSTEWART DRIVE	3. Mailing Address 7628 PORTSTEWART DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252007 Chg-P CR2E034 (12/06)

City & State BRADENTON, FL	City & State BRADENTON, FL	4. FEI Number 20-0378265	Applied For <input type="checkbox"/> Not Applicable
34202	Country	34202	Country

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

6. Name and Address of Current Registered Agent  LACIVITA, LOUIS 7216 PRESIDIO GLEN BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name LACIVITA, LOUIS Street Address (P.O. Box Number is Not Acceptable) 7628 PORTSTEWART DRIVE City BRADENTON FL Zip Code 34202	
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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 *X Louis Lacivita* LOUIS LACIVITA *X* 2/14/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P,T LACIVITA, LOUIS 7216 PRESIDIO GLEN BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T LACIVITA, LOUIS 7628 PORTSTEWART DRIVE BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S LACIVITA, JOEL 602 APACHE LANE SEFFNER, FL 33584 <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
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
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 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: *X Louis Lacivita* *X* 2/17/07 (941) 907-8070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #