


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000142420 1. Entity Name ALCHEMY ENVIRONMENTAL UTILITY SERVICES, INC.	
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Principal Place of Business 13119 LINDEN DRIVE SPRING HILL, FL 34609	Mailing Address 13119 LINDEN DRIVE SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE



08092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0503535	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLENDON, DEWAYNE R 13119 LINDEN DRIVE SPRING HILL, FL 34609	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCLENDON, DEWAYNE R 13119 LINDEN DRIVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUKLE, CHERYL D 5520 WILKINS ROAD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/29/06-80005-018 150.00

DO NOT WRITE IN THIS SPACE

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: Dewayne R. Mcendon Dewayne R. Mcendon 8/28/06 813-917-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #