

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 APR 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000017534

1. Entity Name
ENVIRONMENTALLY PREFERRED CHEMICALS, INC.



Principal Place of Business
**11601 4TH STREET NORTH
SUITE 5011
SAINT PETERSBURG, FL 33716**

Mailing Address
**11601 4TH STREET NORTH
SUITE 5011
SAINT PETERSBURG, FL 33716**

2. Principal Place of Business
608-N-FOX-Avenue

3. Mailing Address
PO Box 6274

Suite, Apt. #, etc.

City & State
Panama City FL

City & State
Panama City FL

Zip
32404

Country
USA



04212005 Chg-P CR2E034 (10/03) **MRD**

6. Name and Address of Current Registered Agent
**HOSKINS, LINDA M
11601 4TH STREET NORTH
SUITE 5011
SAINT PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent
Name
Linda M. Good
Street Address (P.O. Box Number is Not Acceptable)
608 N. FOX AVENUE
City
Panama City FL Zip Code
32404

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 **Linda M. Good** DATE **4/21/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSKINS, LINDA M 11601 4TH STREET NORTH SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Good, Linda M 608-N-FOX-AVE Panama City, FL 32404 <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
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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: **Linda M. Good** DATE **4/21/05** DAYTIME PHONE # **850-871-5330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR