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Secretary of State

02-07-2005 90066 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000093968

1. Entity Name

ENVIROSAFE PESTICIDE ALTERNATIVES, INC.

00008280

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
487 ~~NDENTON~~ DENTON COURT HEATHROW FL 32746	487 ~~NDENTON~~ DENTON COURT HEATHROW FL 32746

467 DENTON CT

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-1343704 — Applied For / ✓ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMSON, WILLIAM
467 ~~NDENTON COURT~~ DENTON COURT
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 ______________________ DATE

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
Make Check Payable to Florida Department of State

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

DONE 3-31-05

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT - TREASURER ☒ Change ☐ Addition
NAME	ADAMSON, WILLIAM E	NAME	
STREET ADDRESS	487 ~~NDENTON COURT~~ DENTON COURT	STREET ADDRESS	467 DENTON COURT
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	VICE PRESIDENT - SECRETARY ☒ Change ☐ Addition
NAME	NIGG, HERBERT N	NAME	
STREET ADDRESS	700 S. ~~ILAKEE AVE~~ ILAKEE AVE	STREET ADDRESS	700 S. ILAKEE AVE
CITY-ST-ZIP	LAKE ALFRED FL 33850	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] WILLIAM ADAMSON — 1/24/05 — 407-333-1200

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