


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000093968 1. Entity Name ENVIROSAFE PESTICIDE ALTERNATIVES, INC. |  |
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|---|---|
| Principal Place of Business 700 S. ILAKEE AVE LAKE ALFRED, FL 33850 | Mailing Address 700 S. ILAKEE AVE LAKE ALFRED, FL 33850 |
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-1343704 | 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 NIGG, HERBERT N 700 S. ILAKEE AVE LAKE ALFRED, FL 33850 |
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IN THIS SPACE**

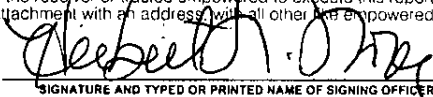

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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |

| | | |
|---|--|---------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT NIGG, HERBERT N 700S. ILAKEE AVE LAKE ALFRED, FL 33850 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS NIGG, HERBERT N 700 S ILAKEE AVE LAKE ALFRED, FL 33850 |
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| 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 not empowered | |
| SIGNATURE:  |  823-618-6550 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Date | Daytime Phone # |