


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90036 032 ***150.00

DOCUMENT # P04000107031		
1. Entity Name ENVIRONMENTAL HEALTH CONSULTING, INC.		

Principal Place of Business 2110 GOLF MANOR BLVD VALRICO, FL 33594	Mailing Address 2110 GOLF MANOR BLVD VALRICO, FL 33594
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50059413

2. Principal Place of Business	3. Mailing Address <u>16528 N. DALE MABRY HWY</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>TAMPA</u>	City & State <u>TAMPA</u>
Zip <u>FL</u>	Country <u>USA</u>



07272005 Chg-P CR2E034 (10/03)

4. FEI Number <u>76-0763457</u>	Applied For <input type="checkbox"/> 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 SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618	
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7. Name and Address of New Registered Agent	
Name <u>WALTER SANDERS</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>16528 N. DALE MABRY HWY</u>	
City <u>TAMPA</u>	FL Zip Code <u>33618</u>

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 <u>X Walter Sanders</u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>7-27-2005</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D POOLE, JAMES L 2110 GOLF MANOR BLVD VALRICO, FL 33594			
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
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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 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: <u>X James L. Poole</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>7-27-2005</u> (813) 961-0094 Daytime Phone #

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

ATTACHMENT

July 27, 2005

State of Florida
Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Environmental Health Consulting, Inc.
TIN: 76-0763457

Dear Sir or Madam:

Enclosed please find the 2005 for Profit Corporation Annual Report and a check in the amount of \$150.00 for the filing fee for the corporation referenced above. After reviewing our files recently, it was discovered that the original corporation renewal advice mailed from your office was never received at the corporation address. Therefore, the website form was completed and provided herein. Due to circumstances beyond our control, please waive any and all penalties which may apply. Your kind consideration is appreciated.

If you require any further information regarding this specific matter, please feel free to contact this office.

Thank you.

Sincerely,



Walter S. Sanders

WSS/sw