


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90243 004 ***158.75

DOCUMENT # P04000107221	
1. Entity Name ENVIROFLORA, INC.	

Principal Place of Business 4986 GRAND LAKES DRIVE SOUTH JACKSONVILLE, FL 32258 US	Mailing Address 4986 GRAND LAKES DRIVE SOUTH JACKSONVILLE, FL 32258 US
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2. Principal Place of Business 5963 Pavilion Drive Suite, Apt. #, etc.	3. Mailing Address 5963 Pavilion Drive Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32258	Zip 32258
Country Duval	Country US



01122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1399092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURRELL, MICHAEL O 4986 GRAND LAKE DRIVE SOUTH JACKSONVILLE, FL 32258	7. Name and Address of New Registered Agent Name Michael O. Burrell Street Address (P.O. Box Number is Not Acceptable) 5963 Pavilion Drive City Jacksonville FL Zip Code 32258
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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 *Michael O. Burrell* DATE 01-12-2006

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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BURRELL, MICHAEL O 4986 GRAND LAKES DRIVE SOUTH JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5963 Pavilion Drive Jacksonville, FL 32258
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
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 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: *Michael O. Burrell* DATE 01-12-2006 (904) 881-9840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR