


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90177 021 ***158.75


DOCUMENT # P04000121111		
1. Entity Name ELIASSEN ENVIRONMENTAL, INC.		

Principal Place of Business 935 OSPREY LANDING DRIVE LAKELAND, FL 33813	Mailing Address 935 OSPREY LANDING DRIVE LAKELAND, FL 33813
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2. Principal Place of Business 943 Rose St.	3. Mailing Address P.O. Box 5601
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland FL	City & State Lakeland FL
Zip 33801	Zip 33807-5601
Country USA	Country USA

14003930



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1522558	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELIASSEN, MICHELLE B 935 OSPREY LANDING DRIVE LAKELAND, FL 33813		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 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	PD ELIASSEN, MICHELLE B 935 OSPREY LANDING DRIVE LAKELAND, FL 33813 <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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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 persons empowered.

SIGNATURE:  **4/25/05 (863) 802-5242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #