

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90071 030 \*\*\*158.75

50065721

**DOCUMENT # P04000127705**


1. Entity Name  
**ENVIRO CLEAN OF CENTRAL FLORIDA, INC**



Principal Place of Business      Mailing Address  
**221 WESCLIFF DRIVE**      **221 WESCLIFF DRIVE**  
**OCOEE, FL 34761 US**      **OCOEE, FL 34761 US**

2. Principal Place of Business      3. Mailing Address  
*1555 Glenhawn Circle*      *1555 Glenhawn Circle*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Ocoee, FL ~~34761~~*      *Ocoee, FL*  
 Zip      Country      Zip      Country  
*34761*      *Orange*      *34761*      *Orange*



07062005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
*20-1593843*      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITMAN, ROBERT**  
**221 WESCLIFF DRIVE**  
**OCOEE, FL 34761**

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 state if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITMAN, ROBERT	
STREET ADDRESS	221 WESCLIFF DRIVE	
CITY-ST-ZIP	OCOEE, FL 34761	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITMAN, CINDY	
STREET ADDRESS	221 WESCLIFF DRIVE	
CITY-ST-ZIP	OCOEE, FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Robert Whitman*      *Robert Whitman*      *8/31/05*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #