

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-13-2006 90294 036 ***150.00

DOCUMENT # P04000169316																																																																	
1. Entity Name ENVIRO-MIST, INC.																																																																	
Principal Place of Business 2937 MOORED LANE TALLAHASSEE, FL 32301			Mailing Address C/O WEIDENBACH & COMPANY PA 1560 CAPITAL CIRCLE NW STE 16 TALLAHASSEE, FL 32303																																																														
2. Principal Place of Business 3161 DUXBURY LANE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																														
City & State TALLAHASSEE FL			City & State																																																														
Zip 32311		Country		Zip																																																													
Country		4. FEI Number 20-2025117																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																													
6. Name and Address of Current Registered Agent STOHRER, JAMES L 2937 MOORED LANE TALLAHASSEE, FL 32301																																																																	
7. Name and Address of New Registered Agent Name: <u>STOHRER JAMES L</u> Street Address (P.O. Box Number is Not Acceptable): <u>DUXBURY</u> <u>3161 DUXBURY LANE</u> City: <u>TALLAHASSEE</u> <u>FL</u> Zip Code: <u>32311</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>[Signature]</u> <u>STOHRER</u> DATE: <u>4-12-06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																	
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																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 40%; padding: 2px;"> 0 STOHRER, JAMES L 2937 MOORED LANE TALLAHASSEE, FL 32301 </td> <td style="width: 10%; text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 40%; padding: 2px;"> 3161 DUXBURY LANE TALLAHASSEE, FL 32311 </td> <td style="width: 10%; text-align: right; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	0 STOHRER, JAMES L 2937 MOORED LANE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3161 DUXBURY LANE TALLAHASSEE, FL 32311	<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 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: <u>[Signature]</u> <u>4-12-06</u> <u>850 216-2424</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																	

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