2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P93000019435

1. Entity Name

ENVIRONMENTAL RECOVERY GROUP, INC.



US

Principal Place of Business

251 LEVY RD.

ATLANTIC BEACH, FL 32233

Mailing Address

P 0 BOX 330569

ATLANTIC BEACH, FL 32233

FILED Feb 02, 2004 08:00 AM Secretary of State



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3173654

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

3. Calmicate of St

6. Name and Address of Current Registered Agent

DALE, HOWARD L 200 WEST FORSYTH ST., SUITE 1100 JACKSONVILLE, FL 32202

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent eignature required when reinstating). DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent organiture required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Financi Trust Fund Contribution. 	ng 🛘	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D GORDON, RUSSELL B 251 LEVY RD ATLANTIC BEACH, FL				U00000025978 02/02/04-80127-003 150.00

BIBLE HORNER, HARRY B. NAME STREET ADDRESS 251 LEVY RD CITY -ST-ZIP ATLANTIC BEACH, FL TELE NAME ZECHELLA, ALEXANDER P. STREET ADDRESS **251 LEVY RD** CITY-ST-ZIP ATLANTIC BEACH, FL TITLE CONNOLLY, JOHN W. NAME STREET ADDRESS 251 LEVY ROAD CITY-ST-ZIP ATLANTIC BEACH, FL THRE JENKINS, STEVEN T. MAME 251 LEVY ROAD STREET ADDRESS ATLANTIC BEACH, FL CITY-ST-ZIP 313LE JENKINS, POSEY H NAME 251 LEVY ROAD STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233

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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 two 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 express with at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

STEVEN T. JENKINS, PRESIDENT

1/15/04

904 241-2200

Daysine Phone #