

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000019435**

1. Entity Name

**ENVIRONMENTAL RECOVERY GROUP, INC.**



Principal Place of Business

**251 LEVY RD.  
ATLANTIC BEACH, FL 32233**

Mailing Address

**P O BOX 330569  
ATLANTIC BEACH, FL 32233 US**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3173654** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GORDON, RUSSELL B.
STREET ADDRESS	251 LEVY RD
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	STD
NAME	HORNER, HARRY B.
STREET ADDRESS	251 LEVY RD
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	C
NAME	ZEHELLA, ALEXANDER P.
STREET ADDRESS	251 LEVY RD
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	VC
NAME	CONNOLLY, JOHN W.
STREET ADDRESS	251 LEVY ROAD
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	PD
NAME	JENKINS, STEVEN T.
STREET ADDRESS	251 LEVY ROAD
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	D
NAME	JENKINS, POSEY H
STREET ADDRESS	251 LEVY ROAD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

000000400889  
02/02/06-80021-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Posey H. Jenkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/06* Date *904 241-2200* Daytime Phone #