

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000029575		
1. Entity Name ENVIRONMENTAL TACTICS, INC.		
Principal Place of Business	Mailing Address	
127 INDUSTRIAL RD STE-C BIG PINE KEY, FL 33043 US	P O BOX 38 BIG PINE KEY, FL 33043 US	

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0485352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARKIN, JOHN V.
3762 PARK AVENUE
PORT PINE HIEGHTS
BIG PINE KEY, FL 33043

**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]
Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

April 20, 2004
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000124728

04/22/04-80057-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARKIN, MELANIE J. PO BOX 38 N/A BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARKIN, JOHN V. PO BOX 38 N/A BIG PINE KEY, FL 33043
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2004 (305) 8729554
Date Office Phone #