


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90019 038 ***150.00

DOCUMENT # P93000054942	
1. Entity Name AZTEC ENVIRONMENTAL, INC.	

Principal Place of Business 475 HARRISON AVENUE SUITE 200 PANAMA CITY FL 32401 US	Mailing Address 475 HARRISON AVENUE SUITE 200 PANAMA CITY FL 32401 US
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2. Principal Place of Business - No P.O. Box # 6206 E Hwy 22	3. Mailing Address P.O. Box 35412
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Callaway, FL	City & State Panama City, FL
Zip 32404	Zip 32412
Country USA	Country USA

4. FEI Number 59-3194335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIVINGSTON, JIMMY 3035 E. 12TH STREET LYNN HAVEN FL 32444	
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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 Debbie K. Livingston, Pres.	DATE 4-3-07
<small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIVINGSTON, JIMMY 3035 E. 12TH STREET LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIVINGSTON, DEBBIE K 3035 E. 12TH STREET LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 Section 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: Debbie K. Livingston, Debbie K. Livingston	850-819-4307 7087
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	