2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Jan 29, 2007 8:00 am **Secretary of State** DOCUMENT # P93000055375 01-29-2007 90092 020 ***150.00 C & N ENVIRONMENTAL CONSULTANTS, INC. Principal Place of Business Mailing Address 612 N ORANGE AVE 612 N ORANGE AVE 60009121 SUITE A-10 SUITE A-10 JUPITER, FL 33458 US JUPITER, FL 33458 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0430617 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARPENTER, CHERYL M Street Address (P.O. Box Number is Not Acceptable) 612 N. ORANGE AVE, SUITE A-10 JUPITER, FL 33458 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change CARPENTER, CHERYL M NAME NAME STREET ADDRESS STREET ADDRESS 612 N. ORANGE AVE, STE A-10 CJTY - ST - ZIP CITY-ST-ZIP JUPITER, FL 33458 TS ☐ Delete Change ☐ Addition TITLE TITLE SOUTHWELL, MERRI NAME NAME STREET ADDRESS 612 N. ORANGE AVE, STE A-10 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 VP TITLE ☐ Delete TITLE ☐ Change Addition SOUTHWELL, JAMES C NAME NAME 612 N ORANGE AVE, SUITE A-10 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP JUPITER, FL 33458 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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

OR DIRECTOR

FILED

Daytime Phone #