

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90014 003 \*\*\*158.75

**DOCUMENT # P93000067592**

**1. Entity Name**  
**ENVIRONMENTAL MANAGEMENT & DESIGN, INC.**



**Principal Place of Business**

3333S. ORANGE AVE.,  
SUITE 220  
ORLANDO, FL 32804

**Mailing Address**

3333S. ORANGE AVE.,  
SUITE 220  
ORLANDO, FL 32804

40001198



**2. Principal Place of Business**

1615 Edgewater Drive

**3. Mailing Address**

1615 Edgewater Drive

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32804

Country

USA

Zip

32804

Country

USA

01072005

Chg-P

CR2E034 (10/03)

**4. FEI Number**

59-3213438

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

HALE, KATHLEEN S  
3333 S. ORANGE AVE.  
SUITE 220  
ORLANDO, FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

1615 Edgewater Drive, Suite 100

City

Orlando

FL

Zip Code

32804

**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

*Kathleen Hale*

KATHLEEN HALE, PRESIDENT DIRECTOR

1/7/05

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, 2005 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	<input type="checkbox"/> Delete
NAME	HALE, KATHLEEN S	
STREET ADDRESS	3333 S. ORANGE AVE. STE 220	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hale, Kathleen S.	
STREET ADDRESS	1615 Edgewater Drive, Suite 100	
CITY-ST-ZIP	Orlando, FL 32804	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 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:**

*Kathleen Hale*

KATHLEEN HALE

1/7/05

(407) 843-0615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #