2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000007359

1. Entity Name
ENVIRO LUBE, INC.

Principal Place of Business	Mailing Address
38999 SUMNER LAKE RD DADE CITY, FL 33526	P.O. BOX 1107 DADE CITY, FL 33526-1107 US

DO NOT WRITE IN THIS SPACE

07012005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3222219		Not Applicable

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

6. Name and Address of Current Registered Agent

WALLER, CHARLES D
37927 E LIVE OAK
DADE CITY, FL

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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 $550.00 **Due by September 7, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HEALEY, GLENDA A
STREET ADDRESS	P.O. BOX 1107
CITY-ST-ZIP	DADE CITY, FL 335261107

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Glenda M. Healey_ GLENDA A. HEALEY   8-26-05   352-567-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #