

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000014330

1. Entity Name
ENVIRONMENTAL COMPLIANCE SOLUTIONS, INC.



FILED
Apr 28, 2004 08:00 AM
Secretary of State

Principal Place of Business
1573 OWEN DR
CLEARWATER, FL 33759 US

Mailing Address
1573 OWEN DR
CLEARWATER, FL 33759 US

DO NOT WRITE IN THIS SPACE

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04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3224379	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISER, KIM W
1573 OWEN DR
CLEARWATER, FL 33759

**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, 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PS
BISER, KIM W
1573 OWEN DR
CLEARWATER, FL 34619

UD00000134687
04/28/04-80029-011 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
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)(l), 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: *Kim W. Biser, Kim W. BISER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (727)
797-2327
Date
Daytime Phone #