


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000071958**

1. Entity Name  
**ENVIROW SCIENCE & TECHNOLOGY, INC.**



Principal Place of Business      Mailing Address

**4305 SEA GULL DR  
 NEW PORT RICHEY, FL 34652**      **4305 SEA GULL DR  
 NEW PORT RICHEY, FL 34652**



07082006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0525109**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOBEK, DIANE R  
 4305 SEA GULL DRIVE  
 NEW PORT RICHEY, FL 34652**

**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 *Diane R. Bobek*      **DIANE R. BOBEK**      07/11/06      158.75

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  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution        **\$5.00** May Be Added to Fees    In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOBEK, DIANE R
STREET ADDRESS	4305 SEA GULL DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	BOBEK, MICHAEL E
STREET ADDRESS	4305 SEA GULL DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	ST
NAME	BOBEK, LAUREN S
STREET ADDRESS	4305 SEA GULL DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane R. Bobek*      **DIANE R. BOBEK**      7/8/06      727-844-5399

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