

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000042005

1. Entity Name
FLORIDA ENVIRONMENTAL CLEARING, INC.



FILED

04 AUG 26 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
39804 HWY 27 N
DAVENPORT, FL 33827

Mailing Address
39804 HWY 27 N
1325 HWY 27 N.
DAVENPORT, FL 33827

2. Principal Place of Business
39804 HWY 27

3. Mailing Address
39804 HWY 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08172004

Chg-P

CR2E034 (10/03)

City & State
DAVENPORT, FL.

City & State
DAVENPORT, FL.

4. FEI Number
59-3314050

Applied For
Not Applicable

Zip
33837

Country
POLK

Zip
33837

Country
POLK

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPOSITO, SHARON R
39804 HWY 27 N
DAVENPORT, FL 33836

7. Name and Address of New Registered Agent

Name

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

City

FL

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 re-registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ESPOSITO, SHARON R
STREET ADDRESS 1325 HWY 27 N
CITY-ST-ZIP DAVENPORT, FL 33827

TITLE D
NAME ESPOSITO, PAT
STREET ADDRESS 1325 HWY 27 N
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ESPOSITO, SHARON R
STREET ADDRESS 39804 HWY 27
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE D
NAME ESPOSITO, PAT JR.
STREET ADDRESS 98 E. RIDGE DR.
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D/T/S
NAME ESPOSITO, WAYNE
STREET ADDRESS 39804 HWY 27
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT ESPOSITO DIRECTOR

08/16/04

(863)422-7571

Date

Daytime Phone #