

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000053526

1. Entity Name  
ENVIROTEK SYSTEMS, INC.



Principal Place of Business  
1449 COACHLIGHT WAY  
DUNEDIN, FL 34698 US

Mailing Address  
P O BOX 533  
DUNEDIN, FL 34697-533 US

**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3324719

Applied For  
Not Applicable

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

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

HARTSTEIN, MARK  
1449 COACHLIGHT WAY  
DUNEDIN, FL 34698

**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, 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	PSTD
NAME	HARTSEIN, MARK E
STREET ADDRESS	1449 COACHLIGHT WAY
CITY - ST - ZIP	DUNEDIN, FL
TITLE	D
NAME	HARTSTEIN, BETH
STREET ADDRESS	1449 COACHLIGHT WAY
CITY - ST - ZIP	DUNEDIN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000225567  
02/11/05-80041-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/9/05

727-524-1149  
Daytime Phone #