

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90271 019 ***158.75

DOCUMENT # P97000003063

1. Entity Name

BIOREMEDIATION, INC.



Principal Place of Business

**527 HARVARD PLACE
APOPKA FL 32703**

Mailing Address

**527 HARVARD PLACE
APOPKA FL 32703**

2. Principal Place of Business

1064 KELSEY AVE

3. Mailing Address

1064 KELSEY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIDO, FL

City & State

OVIDO, FL

4. FEI Number

59-3419232

Applied For

Not Applicable

Zip

32765-7023

Country

USA

Zip

32765-7023

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RAASAKKA, MARGARET P
STREET ADDRESS 527 HARVARD PLACE
CITY-ST-ZIP APOPKA FL 32703

TITLE VD ☐ Delete
NAME RAASAKKA, BENNY O
STREET ADDRESS 527 HARVARD PLACE
CITY-ST-ZIP APOPKA FL 32703

TITLE STD ☐ Delete
NAME RAASAKKA, STACIA M
STREET ADDRESS 527 HARVARD PLACE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 1064 KELSEY AVE
CITY-ST-ZIP OVIDO FL 32765-7023

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS SAME AS PD
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS SAME AS PD
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Benny O. Raasakka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VD 04/27/06 407-925-7007
Date Daytime Phone #