

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000003653

1. Entity Name

ENVIRO GROUP OF FLORIDA, INC.



Principal Place of Business

8550 SE 144 PLACE
INGLIS FL 34449

Mailing Address

8550 SE 144 PLACE
INGLIS FL 34449



2. Principal Place of Business - No P.O. Box #

8550 SE 144 PL

3. Mailing Address

Sum.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Inglis, FL

City & State

4. FEI Number

59-3425716

Applied For

Not Applicable

Zip

34449

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, THOMAS D
8550 SE 144 PLACE
INGLIS FL 34449

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

Thomas D. Robinson

Thomas H. Robinson

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SC
NAME PRATT, KIMBERLY
STREET ADDRESS 7260 VICKERS LANE
CITY- ST- ZIP MOBILE AL 36695 ☐ Delete

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

TITLE P
NAME ROBINSON, THOMAS D
STREET ADDRESS 8550 SE 144 PLACE
CITY- ST- ZIP INGLIS FL 34449 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
U000000663440
03/22/07-80004-010 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

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:

Thomas H. Robinson

Thomas D. Robinson

3-8-07

352-447-3894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #