## 2005 FOR PROFIT CORPORATION ANNUAL REPORT.(AR)

## Feb 24, 2005 08:00 AM DOCUMENT # P97000047294 **Secretary of State** 1. Entity Name STORAGE TANK ENVIRONMENT, INC. Mailing Address Principal Place of Business 5325 BAYSHORE AVENUE CAPE CORAL FL 33904 5325 BAYSHORE AVENUE CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 05-0756704 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHUTT, DARRIN Street Address (P.O. Box Number is Not Acceptable) 1105 CAPE CORAL PKWY EAST STE C CAPE CORAL FL 33904 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TUTLE ☐ Change ☐ Addition NAME SCHUELER, GEORG L U000000241048 5325 BAYSHORE AVE STREET ADDRESS STREET ADDRESS 92/24/05-80029-002 150.00 CITY-ST-ZIP CAPE CORAL FL 33904 CHY-ST-7IP Change Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TrT1 F Change ☐ Addillon THEF ☐ Delete NAME STHEFT ADDRESS STREET ADDRESS CHY-Si-ZIP CITY - ST - ZIP TITLE Change Addition THILE Defete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Change ☐ Addition TOTLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP 🔲 Delete Change Addition me TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cliv-ST-7IP

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 supplied entail 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 impowered.

SIGNATURE:

FILED