

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90191 025 \*\*\*158.75

DOCUMENT #

1. Entity Name

**ENVIRON'S By DESIGN, Inc.**  
**P 97000050221**



**DO NOT WRITE IN THIS SPACE**

40079352

2. Principal Place of Business

**19325 LK PICKETT RD.**  
Suite, Apt. #, etc.

3. Mailing Address

**19325 LK. PICKETT RD.**  
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number

**59-3453219**

Applied For

Not Applicable

Zip

**32820**

Country

**ORANGE**

Zip

**32820**

Country

**ORANGE**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**GUSTAV H ANDERSON**

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

**19325 LK PICKETT RD**

City

**ORLANDO**

FL

Zip

**32820**

**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

*Gustav H Anderson*  
Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**27 April 2006**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>ANDERSON, GUSTAV H. "P"</b>	<b>19325 LK. PICKETT RD</b>	<b>ORLANDO FL 32820</b>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>ANDERSON, JOAN F. "V/S"</b>	<b>19325 LK. PICKETT RD.</b>	<b>ORLANDO FL 32820</b>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**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 an attachment with an address, with all other like empowered.

SIGNATURE:

*Gustav H Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**27 April 2006**

**(407)**

**568-5756**  
Daytime Phone #