

FROM :

FAX NO. :

Jul. 10 2008 11:16AM P1

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000103098

1. Entity Name
ENZYMATIC ODOR SOLUTIONS, INC.

08 JUL 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1811 DAYBERRY DRIVE
PEMBROKE PINES, FL 33024
664 MAJESTY CROSSING
WINDER, GA 30680

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052008 Chg-P CR2E034 (12/08)

4. FEI Number
65-0798093Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURHAM, J M PRES.
P. O. Box 309
Winder, GA 30680

664 MAJESTY CROSSING
WINDER, GA 30680

Name Peter Howley

Street Address (P.O. Box Number is Not Acceptable)
7015 Beracasa Way Ste 201

City Boca Raton

FL Zip Code
33433

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 the filer.

(NOTE: Registered Agent signature required when reappointing)

DATE 4/4/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DURHAM, J M PRES.
STREET ADDRESS 4811 DAYBERRY DRIVE
CITY- ST- ZIP PEMBROKE PINES, FL 33024 WINDER GA 30680

TITLE D ☐ Delete
NAME WELLMAKER, TOMI DIR.
STREET ADDRESS BLACKBOURN & ROCK STREETS
CITY- ST- ZIP HAWKINS, TX 75765

TITLE S ☐ Delete
NAME DURHAM, LAURIE SEC.
STREET ADDRESS 664 Majesty King
CITY- ST- ZIP Winder, GA 30680-7467

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

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

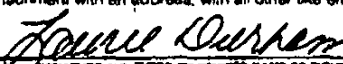
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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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 Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/08 770-868-4615