

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000025590

1. Entity Name

EDWARDS & BELYEA ENVIRONMENTAL, INC.



Principal Place of Business

1111 N WESTSHORE BLVD
SUITE 101B
TAMPA FL 33607
US

Mailing Address

P. O. BOX 18403
TAMPA FL 33679-8403
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3499484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELYEA, PAUL R
4115 EMPEDRADO ST.
TAMPA FL 33629

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, 2005 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	PCEO	<input type="checkbox"/> Delete
NAME	EDWARDS, JOHN R	
STREET ADDRESS	1258 BURTWOOD DRIVE	
CITY - ST - ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, JOHN R	
STREET ADDRESS	1258 BURTWOOD DR	
CITY - ST - ZIP	FT. MYERS FL 33901	
TITLE	STVD	<input type="checkbox"/> Delete
NAME	BELYEA, PAUL R	
STREET ADDRESS	4115 EMPEDRADO ST	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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02/21/05-80006-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Paul R. Belyea *Paul R. Belyea, Vice President* 2/13/05 83-835-1839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #