

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90011 006 \*\*\*158.75

**DOCUMENT # P98000025590**

1. Entity Name  
**EDWARDS & BELYEA ENVIRONMENTAL, INC.**



Principal Place of Business Mailing Address  
**11111 WESTSHORE BLVD 2212 E. P. O. BOX 18403**  
**SUITE 101B 4th Avenue TAMPA, FL 33679-8403 US**  
**TAMPA, FL 33607 US 33605**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**BELYEA, PAUL R**  
**4115 EMPEDRADO ST.**  
**TAMPA, FL 33629**

**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 *Paul R. Belyea* *Paul R. Belyea/Vice President* *1-6-06*  
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, 2006 Fee will be \$550.00**

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  
**PCEO**  
**EDWARDS, JOHN R**  
**1258 BURTWOOD DRIVE**  
**FT. MYERS, FL 33901**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EDWARDS, JOHN R**  
**1258 BURTWOOD DR**  
**FT. MYERS, FL 33901**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STVD**  
**BELYEA, PAUL R**  
**4115 EMPEDRADO ST**  
**TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Paul R. Belyea* *Paul R. Belyea* *1-6-06* *83-835-1839*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #