2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000054989

 Entity Name LPG ENVIRONMENTAL & PERMITTING SERVICES, INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

1174 CAMP AVE. MT. DORA, FL 32757 Mailing Address

1174 CAMP AVE. MT. DORA, FL 32757



03192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3383253

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, GARY L ESQ. 380 W. ALFRED ST. TAVARES, FL 32778-3298

DO NOT WRITE IN THIS SPACE

1AVARES, FL 32778-3298			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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		 Election Campaign Financ Trust Fund Contribution. 	ing 📮	\$5.00 May Be Added to Fees	U00000707626 04/24/07-80030-024 158.75
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD ADAMS, STEPHEN R 1174 CAMP AVE. MT. DORA, FL 32757	ions			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY: ST-ZIP					
TITLE NAME STREET ADDRESS	•				

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 that address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Stephen R. Adams</u>

(352) 383-1444

Daytime Phone