


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90011 014 \*\*\*150.00

<b>DOCUMENT # P99000011640</b> 1. Entity Name <b>ENVIROCOUSTICS, INC.</b>					
Principal Place of Business <b>30617 U.S. HIGHWAY 19 NORTH STE. 120 PALM HARBOR FL 34684</b>			Mailing Address <b>982 SAN SALVADORE DRIVE DUNEDIN FL 34698</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3551427</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>WATSON, M K</b>  <b>201 SECOND AVE. NORTH STE. C</b>  <b>ST. PETERSBURG FL 33701</b> </div> <div style="margin-left: 200px;"> <i>(982)</i>  <i>MAILING ADDRESS</i> </div>				7. Name and Address of New Registered Agent  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>CAROLINE BULL</b>  <b>982 SAN SALVADORE DRIVE.</b>  <b>DUNEDIN</b>  <b>FL</b> <b>34698</b> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BULL, CAROLINE K</b> <b>30617 U.S. HIGHWAY 19 NORTH STE. 120</b> <b>PALM HARBOR FL 34684</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Caroline K. Bull</i> <b>CAROLINE K. BULL</b> <b>2/20/04</b> <b>(727) 733-5926</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					