

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043314

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ENVIROSALES OF FLORIDA, INC.

## Current Principal Place of Business:

1101 US 27 SOUTH  
SEBRING, FL 33870

## New Principal Place of Business:

## Current Mailing Address:

1101 US 27 SOUTH  
SEBRING, FL 33870

## New Mailing Address:

FEI Number: 65-0919476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUTRIDGE, SAMUEL P III  
1101 U.S. 27 SOUTH  
SEBRING, FL 338702171 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GUTRIDGE, SAMUEL P III  
Address: 3517 PAR ROAD  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete  
Name: HLAVACH, CHARLES R  
Address: 4742 OLD FARM ROAD  
City-St-Zip: SARASOTA, FL 34233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL P GUTRIDGE III

D

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date