## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Mar 02, 2004 08:00 AM DOCUMENT # P99000098449 **Secretary of State** 1. Entity Name K P ENVIRONMENTAL, INC. Principal Place of Business Mailing Address 6009 SEA RANCH DRIVE 2-714 6009 SEA RANCH DRIVE 2-714 HUDSON FL 34667 **HUDSON FL 34667** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3607408 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES ACCT & TAX SVC INC. 2942 49TH STREET N. Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG FL 33710 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **VPD** Addition: MLE Delete TIME ☐ Change PARDY, NICHOLAS G NAME NAME U00000073390 6009 SEARANCH DRIVE 2-714 STREET ADDRESS STREET ADDRESS 03/02/04-80034-014 150.00 CITY -ST-ZIP HUDSON FL 34667 CITY-ST-ZIP DP Change | TITLE Defete TITLE Addition NAME PARDY, KAREN NAME STREET ADDRESS 6009 SIAS RANCH DRIVE 2-714 STREET ADDRESS HUDSON FL 34667 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-SI-7IP ☐ Addition Change TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z/P 917 - 72 - YTD 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

**FILED** 

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