


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90080 029 ***158.75

DOCUMENT # P99000107446 1. Entity Name ETS ENVIRONMENT, INC.	
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Principal Place of Business 4211 SW 74 AVE 13705 54 ST. N. DAVIE, FL 33314 W.P.B., FL 33411	Mailing Address 4211 SW 74 AVE 13705 54 ST. N. DAVIE, FL 33314 W.P.B., FL 33411
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04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967077	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EMERSON, JOHN DENNIS EMERSON 4211 SW 74 AVE 13705 54 ST. N. DAVIE, FL 33314 W.P.B., FL 33411

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dennis Emerson

4/26/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP- P EMERSON, DENNIS 4211 SW 74 AVE 13705 54 ST. N. DAVIE, FL 33314 W.P.B., FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV- EMERSON, JOHN 4211 SW 74 AVE DAVIE, FL 33314
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

954-236-0053

Daytime Phone #