

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90020 039 ***158.75

DOCUMENT # S02486

1. Entity Name
ENVIRONMENTAL INCOME, INC.



Principal Place of Business
**12108 N. 56TH STREET
SUITES 3 & 5
TAMPA, FL 33617**

Mailing Address
**12108 N. 56TH STREET
SUITES 3 & 5
TAMPA, FL 33617 US**

40018662



2. Principal Place of Business

**2901 W. Busch Blvd
Suite, Apt. #, etc.
#901**

3. Mailing Address

**2901 W. Busch Blvd
Suite, Apt. #, etc.
#901**

01112005 Chg-P CR2E034 (10/03)

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number
59-3032270

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEKIEMPIS, VINCENT
12108 N 56TH ST
SUITE #3&5
TAMPA, FL 33617**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2901 W. Busch Blvd #901

City **TAMPA**

FL

Zip Code
33618

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]

Vincent Bekiempis

1-20-05

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **BEKIEMPIS, VINCENT**
STREET ADDRESS **12108 N 56TH ST #3&5**
CITY-ST-ZIP **TAMPA, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2901 W. Busch Blvd #901**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Bekiempis

Date

(813) 915-9727

Daytime Phone #