2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # S23492 1. Entity Name ENVIRONMENTAL MFG. & SUPPLY, INC. Principal Place of Business Mailing Address 3255 HWY 90 EAST U.S. HWY. 90 EAST BONIFAY, FL 32425 P 0 BOX 130 BONIFAY, FL 32425 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Nümber Applied For 59-3052723 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent वरायकार १ कि केराव ने काल में से बेर्ड की मान प्रति है। विशेष की विशेष की विशेष की विशेष की विशेष की विशेष की COATES, MARTIN E. DO NOT WRITE 3255 HWY 90 IN THIS SPACE BONIFAY, FL 32425 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THILE D COATES, MARTIN E. NAME STREET ADDRESS 3255 HWY 90 CITY-ST-ZIP BONIFAY, FL 32425 TITLE 1000000\$39767 05/09/06-80091-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TID) F NAME STREET ADDRESS CITY-ST-ZIP

martine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #