## 2007 FOR PROFIT CORPORATION 4 ANNUAL REPORT

## **DOCUMENT # S27343**

1. Entity Name

**BIOSPHERE CONSULTING, INCORPORATED** 



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

14908 TILDEN ROAD WINTER GARDEN, FL 34787 Mailing Address

14908 TILDEN ROAD WINTER GARDEN, FL 34787



02162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3045440

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

THOMAS, JAMES M. 14908 TILDEN ROAD WINTER GARDEN, FL 34787

## DO NOT WRITE IN THIS SPACE

WINTER GARDEN, FL 34787			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	OATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			<del>-</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, JAMES M. 15668 W. STATE RD. 50 WINTER GARDEN. FL				
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, MARGARET W 15668 W COLONIAL DR WINTER GARDEN, FL				U00000671510 03/28/07-80030-024 150.00
TITLE Name Street address City-St-Zip			:	DO	NOT WRITE
TITLE Name Street address City-St-Zip				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					: !
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 type empowered.

SIGNATURE:

CITY-ST-ZIP

mas Whiten Thomas

3/5/07

(407)656-8277