


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S73697**

1. Entity Name  
**ENVIRO -CHEMICAL & JANITORIAL SUPPLY CO.**



|   |   |
|---|---|
| Principal Place of Business<br><b>29 SW 5TH STREET<br/>         POMPANO BEACH, FL 33060</b> | Mailing Address<br><b>29 SW 5TH STREET<br/>         POMPANO BEACH, FL 33060</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03042006 No Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0281544</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SACKEL, GARY D  
 1378 SW 27TH AVENUE  
 DEERFIELD BEACH, FL 33442**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>PO<br/>SACKEL, GARY D<br/>29 SW 5TH STREET<br/>POMPANO BEACH, FL</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>VO<br/>SACKEL, GIANE A<br/>29 SW 5TH STREET<br/>POMPANO BEACH, FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |

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 03/28/06-80009-004 150.00

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: Giane Sackel **GIANE SACKEL** 03/13/06 (954) 2784-9698  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #