## **2005 FOR PROFIT CORPORATION**

## ANNUAL REPORT

## **DOCUMENT # S83583**

ENVIRONMENTAL SCIENCES & TECHNOLOGIES, INC.



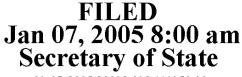
Principal Place of Business

625 SCHOOLHOUSE ROAD

SUITE 3 LAKELAND, FL 33813 Mailing Address

P.O. BOX 7213

LAKELAND, FL 33807-7213 US



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No Chg-P CR2E034 (10/03) 01042005

Applied For 4. FEI Number 59-3074991 Not Applicable

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

6. Name and Address of Current Registered Agent

SAMMONS, ROBERT O 1552 SIXTH ST SE WINTER HAVEN, FL 33-8801

DO NOT WRITE IN THIS SPACE

|                                       |  |  | agit<br>ar a reference |                                |   |
|---------------------------------------|--|--|------------------------|--------------------------------|---|
|                                       | named entity submits this statement for the plons of registered agent. | ourpose of changing its registere                    | ed office or re        | gistered agent, or bo          | oth, in the State of Florida. I am familiar with, and accep |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title         | il applicable. (NOTE: Registered                     | d Agent signature      | required when reinstating)     | DATE  |
|                                       | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00            | Election Campaign Finan     Trust Fund Contribution. | icing                  | \$5.00 May Be<br>Added to Fees |   |
| 10.                                   | OFFICERS AND DIREC   | CTORS  | e de gran              |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT<br>GRAVES, MICHAEL A.<br>5806 BUCK RUN DR<br>LAKELAND, FL           |  |                        |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS<br>HOWELL, JOE W.<br>101 LAKE OTIS RD<br>WINTER HAVEN, FL 338841061 |  |                        |                                |   |
| TITLE NAME *                          |  |  |                        |                                |   |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 embowered to execute this report a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an appears, with an other information.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP