


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005395
1. Entity Name
ENVIRONMENTAL CONTRACTORS OF ILLINOIS, INC.



Principal Place of Business Mailing Address
5290 NIMTZ ROAD 5290 NIMTZ ROAD
LOVES PARK, IL 61111 LOVES PARK, IL 61111



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3692550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000234358
02/18/05-80016-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAFFERTY, MYRON W
STREET ADDRESS	5290 NIMTZ ROAD
CITY - ST - ZIP	LOVES PARK, IL 61111
TITLE	V
NAME	STREED, DARYL
STREET ADDRESS	5290 NIMTZ ROAD
CITY - ST - ZIP	LOVES PARK, IL 61111
TITLE	ST
NAME	SCHWALEN, WAYNE L
STREET ADDRESS	5290 NIMTZ ROAD
CITY - ST - ZIP	LOVES PARK, IL 61111
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Wayne Schwalen, Secretary** 2/2/05 815-654-471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #