2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		/201	<i></i>	T I AF 4004 00 00	A 78 #F	
DOCUMENT # F98000005819 1. Entity Name				Feb 27, 2004 08:00 AM Secretary of State		
ENVIRO-S	SERVICES & CONSTRUCTO	RS, INC.				
Principal Place	e of Business	Mailing Address				
		125 BAYLIS ROAD MELVILLE NY 11747				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc		MOORE CR2E034 (11/03)		
City & State		City & State		4. FEI Number 11-3379726	Applied For Not Applicabl	
Zsp	Country	Zip	Country	5. Certificate of Status Desired	3.75 Additional e Required	
	6. Name and Address of Current	Registered Agent	I	7. Name and Address of New Registered Age		
005	DOUDEOT AGENTS INC		Name			
CORPDIRECT AGENTS INC. 103 N. MERIDAN ST.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
LOWER LEVEL TALLAHASSEE FL 32301			,			
			City	FL	Zip Code	
	named entity submits this statement folions of registered agent.	t the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am fan	niliar with, and accep	
SIGNATURE.	·					
Sidnarone.	Signature, typed or printed name of registered agent	and title if applicable (NOT	Registered Agent signature requir	ed when reinstaring) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	l State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		₹ ii.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE	PCD	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	EGOSI, NATHIEL G 22 MCLANE DRIVE		NAME STREET ADDRESS	900000068172 05.137.884.98631.986	ring Tag	
CITY - ST - ZIP	DIX HILLS NY		CHTY-ST-ZIP	02/27/04-80031-009	150.00	
TETEE	V	☐ Delete	TITLE	Ε	☐ Change ☐ Additio	
NAME STREET ADDRESS	MATELEVICH, JOHN 2306 CENTRAL BLVD		NAME STREET ADDRESS			
CITY-ST-ZIP	MERRICK NY 11568		CITY - ST - ZIP			
TITLE	VP	☐ Delete	TITLE	ΞΞΞ.	Change Addition	
NAME STREET ADDRESS	RUCKERT, ERNEST H 27 MORNINGSIDE DR		NAME STREET ADDRESS			
CHY-ST-ZIP	MIDDLETOWN NY 10941		CITY-ST-ZIP			
TITLE		☐ Delete	MUTE	E	Change 🔲 Addilio	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY - ST- ZIP			
TITLE		☐ Delete	TITLE		Change	
NAME CORECT ADDOCCC			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			MAME Street address			
			CXTY+ST-ZIP			
CITY- ST- ZIP	}		COST+31+ZIP 1			

12. I hereby certify that the information supplied with this filing 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 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:

John 27

NATHIEL EGOSI

FILED

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