

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90051 029 \*\*\*150.00

DOCUMENT # F98000005819

1. Entity Name

ENVIRO-SERVICES & CONSTRUCTORS, INC.



Principal Place of Business

125 BAYLIS ROAD  
 MELVILLE NY 11747

Mailing Address

125 BAYLIS ROAD  
 MELVILLE NY 11747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3379726

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

40007010



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PCD  
 NAME: EGOSI, NATHIEL G  Delete  
 STREET ADDRESS: 22 MCLANE DRIVE  
 CITY-ST-ZIP: DIX HILLS NY

TITLE: V  
 NAME: MATELEVICH, JOHN  Delete  
 STREET ADDRESS: 2306 CENTRAL BLVD  
 CITY-ST-ZIP: MERRICK NY 11566

TITLE: VP  Delete  
 NAME: RUCKERT, ERNEST H  
 STREET ADDRESS: 27 MORNINGSIDE DR  
 CITY-ST-ZIP: MIDDLETOWN NY 10941

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*NATHIEL EGOSI*

Date

6317561060

Daytime Phone #