

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90207 024 ****61.25

DOCUMENT # N94000000063		
1. Entity Name YOUTH ENVIRONMENTAL SERVICES, INC.		

Principal Place of Business 4626 SAFFOLD ROAD WIMAUMA, FL 33598-0189	Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 US
--	---

40067433

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3217810	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HULL, DAVID J SMITH, HUSLEY, & BUSEY 2225 WATER STREET, STE 1800 JACKSONVILLE, FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCCOMB, KENNETH 2111 MEADOWLARK LANE SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, O 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME STANDER, O.B. SAME ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHRISTALDI, RON PO BOX 2350 STE 2300 TAMPA, FL 33601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD. SAME ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE LA PARTE, DAVID 101 E KENNEDY BLVD STE 2300 TAMPA, FL 33601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAME ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERMAN, THOMAS S 5210 INTERBAY #7 TAMPA, FL 33611 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DINKEL, JOHN PO BOX 1531 TAMPA, FL 33601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAME ☒ Change ☐ Addition

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 617, 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: OB Stander 1/20/06 813-887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #