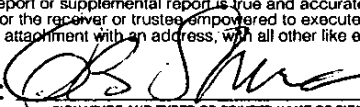


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90023 001 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3217810	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	CD	☒ Delete	TITLE	C	☐ Change ☒ Addition
NAME	BUFFINGTON, MICHAEL		NAME	Robert Lucas	
STREET ADDRESS	2512 MILLER WOOD CT		STREET ADDRESS	1201 N. Orient Rd	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	☐ Delete	TITLE	ST	☐ Change ☒ Addition
NAME	STANDER, OB		NAME	Albert Knight	
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE		STREET ADDRESS	PO Box 625	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	WIMAUMA, FL 33598	
TITLE	STD	☒ Delete	TITLE	VC	☐ Change ☒ Addition
NAME	CHRISTALDI, RON		NAME	John Varwell	
STREET ADDRESS	PO BOX 2350 STE 2300		STREET ADDRESS	1831 N. Pebble Beach Blvd.	
CITY-ST-ZIP	TAMPA, FL 33601		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DE LA PARTE, DAVID		NAME		
STREET ADDRESS	101 E KENNEDY BLVD STE 2300		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DINKEL, JOHN		NAME		
STREET ADDRESS	PO BOX 1531		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/5/08 813-887-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		