

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053014

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** ACCIDENT/TRAUMA SCENE CLEANERS -TAMPA, INC.

**Current Principal Place of Business:**

304 E. NORTH ST  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7395  
TAMPA, FL 33673

**New Mailing Address:**

**FEI Number:** 26-2708167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURDEN, BRIAN A  
3601 W. MULLEN AVE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENSON, MARK W  
Address: 1801 W SITKA ST  
City-St-Zip: TAMPA, FL 33604 US

Title: P  
Name: POLSON, GEOFF D  
Address: 304 E. NORTH ST  
City-St-Zip: TAMPA, FL 33604 US

Title: VP  
Name: VAN PELT, VICTOR P  
Address: 1226 E HENRY AVE  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK W HENSON

PRES

04/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date