

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000004796

1. Entity Name
WILLIAMSBURG ENVIRONMENTAL GROUP, INC.



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
5209 CENTER STREET
WILLIAMSBURG, VA 23188

Mailing Address
5209 CENTER STREET
WILLIAMSBURG, VA 23188



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1548991	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

000000954994
07/15/08-80006-015 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BOYD, RONALD J 5209 CENTER STREET WILLIAMSBURG, VA 23188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP KELLY, MICHAEL G 7501 BOULDERS VIEW DRIVE SUITE 205 RICHMOND, VA 23225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, MICHAEL G 7501 BOULDERS VIEW DRIVE SUITE 205 RICHMOND, VA 23225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMSEY, DAVID M 5209 CENTER STREET WILLIAMSBURG, VA 23188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

David M. Ramsey
David M. Ramsey

7/10/08

(757) 220-6869