



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUL 26 AM 8:55

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|---|--|--|--|--|--|
| DOCUMENT # F01000000508 1. Entity Name ENVIRONMENTAL SERVICE AND TECHNOLOGY CORPORATION | | | |  | |
| Principal Place of Business 301 E. CULPEPER ST. CULPEPPER, VA 22701 | | | Mailing Address 301 E. CULPEPER ST. CULPEPPER, VA 22701 | | |
| 2. Principal Place of Business 14115 Lovers Lane | | 3. Mailing Address 14115 Lovers Lane | |  | |
| Suite, Apt. #, etc. Suite 158 | | Suite, Apt. #, etc. Suite 158 | | | |
| City & State Culpeper, VA | | City & State Culpeper, VA | | | |
| Zip 22701 | | Zip 22701 | | | |
| Country | | Country | | 06212005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 54-1527469 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent REGISTERED AGENT LEGAL SERVICES, INC. 1333 N DUVAL ST. TALLAHASSEE, FL 32302 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD SLIVINSKI, MICHAEL A 12901 DWIGHT ST HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRAVES, WILLIAM H 9831 WINDY HILL DR. NOKESVILLE, VA 22123 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T/S Graves, William H 9831 Windy Hill Dr. Nokesville, VA 22123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ABBONDANZA, RALPH 2501 MONROE STREET HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date _____ (540) 825-9083 <small>Daytime Phone #</small> | | |