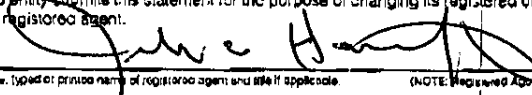
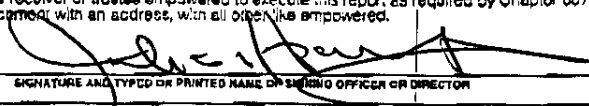


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90093 024 ***563.75

DOCUMENT # F01000003282			
1. Entity Name ENVIRONMENTAL ENGINEERING SERVICES, INCORPORATED			
Principal Place of Business 7431 PARK SPRINGS CIRCLE ORLANDO, FL 32835		Mailing Address 7431 PARK SPRINGS CIRCLE ORLANDO, FL 32835	
2. Principal Place of Business 9525 Castleford Point		3. Mailing Address 9525 Castleford Point	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL 32836		City & State Orlando, FL 32836	
Zip 32836		Country Orange	
4. FEI Number 06-1344943		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HANCOCK, JOHN C 7431 PARK SPRINGS CIRCLE ORLANDO, FL 32835 (Address Change Only)		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 9525 Castleford Point City Orlando FL 32836	
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  DATE 7/2/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☒ \$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	P HANCOCK, JOHN C 7431 PARK SPRINGS CIRCLE ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 9525 Castleford Point (Address Only) Orlando, FL 32836 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANCOCK, NANCY J 7431 PARK SPRINGS CIRCLE ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same (Address Only) 9525 Castleford Point Orlando, FL 32836 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:  DATE 7/2/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	