


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F22544</b>		
1. Entity Name SOUTHERN ENVIRONMENTAL SCIENCES, INC.		
Principal Place of Business 1204 N. WHEELER ST. PLANT CITY, FL 33563	Mailing Address 1204 N. WHEELER ST. PLANT CITY, FL 33563	



**DO NOT WRITE IN THIS SPACE**

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2066216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NELSON, BYRON E 3235 WILLIAMS RD. PLANT CITY, FL 33565	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP NELSON, BYRON E 3235 WILLIAMS RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ELLEN W 1728 BEDINGFIELD DR. TAMPA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, MARSHA J. 3235 WILLIAMS RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, KENNETH M 5108 MOLL ACRES DR PLANT CITY, FL
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 exemption stated in Section 119.07(3)(f), 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:** Byron Nelson Byron Nelson 1/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #