

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F22544

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**



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2066216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, BYRON E
3235 WILLIAMS RD.
PLANT CITY, FL 33565**

**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)

000000569822
07/13/06-80004-019 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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	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 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

Byron Nelson, President 7/10/06 813 752-5014

Date

Daytime Phone #