

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90033 019 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DTP
NAME	NELSON, BYRON E
STREET ADDRESS	3235 WILLIAMS RD.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	NELSON, ELLEN W
STREET ADDRESS	1728 BEDFORD DR.
CITY-ST-ZIP	TAMPA, FL 3360000
TITLE	S
NAME	NELSON, MARSHA J.
STREET ADDRESS	3235 WILLIAMS RD.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	V
NAME	ROBERTS, KENNETH M
STREET ADDRESS	5108 MOLL ACRES DR
CITY-ST-ZIP	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:**

*Byron Nelson*  
**Byron Nelson**

Date

Daytime Phone #

**1/21/08**