


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 001 ***150.00

DOCUMENT # F93260 1. Entity Name SPACE ENVIRONMENTS, INC.	
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Principal Place of Business % JOHN W BURGESS 2430 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064	Mailing Address % JOHN W BURGESS 2430 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064
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40071000



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2214226	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURGESS, JOHN W 2430 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064	DO NOT WRITE IN THIS SPACE
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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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, ELYSE 2430 N.E. 20TH AVE. LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGESS, ELYSE 2430 N.E. 20TH AVE. LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGESS, JOHN W. 2430 N.E. 20TH AVE. LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBORD, KEVIN 1434 NW 49TH AVENUE COCONUT CREEK, FL 33063
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

4/14/08

Date

954-782-3352

Daytime Phone #