2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003571

Entity Name: CBM ENVIRONMENTAL SERVICES, INC.

20172 BAY CEDAR AVENUE

TAMPA, FL 33647

Address: City-St-Zip: FILED May 25, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
11437 CENTRAL PKY SUITE 6 JACKSONVILLE, FL 32224				1201 1ST STREET N, 802 JACKSONVILLE BEACH, FL 32250	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1201 N 1ST STREET, 802 JACKSONVILLE BEACH, FL 32250				1201 1ST STREET N, 802 JACKSONVILLE BEACH, FL 32250	
FEI Number	: 56-1715156	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1201 N 1S JACKSON	I, CATHERIN IT STREET, 8 IVILLE BEAC	302 H, FL 32250 US	nurnoso of changing its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its registered	d office of registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered Ag	gent	Date	
		93(2)(b), F.S., the corporation did r ng Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BATEMAN, CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CZOER, KEN	CYPRESS STREET SUITE H	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (BLANDARD,	X) Delete JOHN A PE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CATHERINE BATEMAN CEO 05/25/2009