


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90008 041 ***150.00

DOCUMENT # H62420	
1. Entity Name SDI ENVIRONMENTAL SERVICES, INC.	

Principal Place of Business 13911 N. DALE MABRY SUITE 201 TAMPA, FL 33618	Mailing Address 13911 N. DALE MABRY SUITE 201 TAMPA, FL 33618
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01062004 Chg-P	CR2E034 (10/03)
4. FEI Number 59-2543820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DAVIS, PHILLIP R 13911 N. DALE MABRY SUITE 201 TAMPA, FL 33618	


7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	DAVIS, PHILLIP R
STREET ADDRESS	13911 N. DALE MABRY, #201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	S <input type="checkbox"/> Delete
NAME	LOPER, JOHN E P E
STREET ADDRESS	13911 N. DALE MABRY, #201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	V <input type="checkbox"/> Delete
NAME	JONAS, CATHLEEN B
STREET ADDRESS	13911 N DALE MABRY #201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	V <input type="checkbox"/> Delete
NAME	PALMER, JOHN E
STREET ADDRESS	13911 N DALE MABRY #201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	1-8-2004 813/961-1935
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #