2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # H62420

4 Entity Name

SDI ENVIRONMENTAL SERVICES, INC.



FILED Feb 05, 2008 08:00 Al Secretary of State

Principal Place of Business

3903 PREMIER NORTH DR TAMPA, FL 33618 Mailing Address

3903 PREMIER NORTH DR TAMPA, FL 33618



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2543820

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DAVIS, PHILLIP R 3903 PREMIER NORTH DR TAMPA, FL 33618

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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 Trust Fu					\$5.00 May Be Added to Fees	000000815713 02/14/08-80061-015 158.75
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, PHILLIP R 3903 PREMIER NORTH DR TAMPA, FL 33618					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONAS, CATHLEEN B 3903 PREMIER NORTH DR TAMPA, FL 33618					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, JOHN E 3903 PREMIER NORTH DR TAMPA, FL 33618			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS		•				

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: _____

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/31/08

913/21-1935

Daytime Phone #