

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # J11142

1. Entity Name

ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

**7220 FINANCIAL WAY
SUITE 100
JACKSONVILLE FL 32256**

Mailing Address

**7220 FINANCIAL WAY
SUITE 100
JACKSONVILLE FL 32256**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2668974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIEB, E ALLEN JR
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE FL 32207**

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ROBINSON, SARAH S	
STREET ADDRESS	7220 FINANCIAL WAY, STE 100	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	CEO	☐ Delete
NAME	ROBINSON, I. RHODES JR.	
STREET ADDRESS	7220 FINANCIAL WAY, STE100	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	COO	☐ Delete
NAME	WILSON, MICHAEL L	
STREET ADDRESS	7220 FINANCIAL WAY, STE 100	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	VP	☐ Delete
NAME	HOWALT, GARY K	
STREET ADDRESS	7220 FINANCIAL WAY, STE 100	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	U00000620314	
STREET ADDRESS	02/09/07-80032-009 150.00	
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly empowered.

SIGNATURE:

Michael L Wilson **Michael L Wilson** 1/24/07 (904) 470-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #