

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L21448

1. Entity Name
YOUR ENVIRONMENTS SOLUTION, INC.



Principal Place of Business
C/O KIMBERLY J. LOSTETTER
5823 26TH STREET WEST
BRADENTON, FL 34207

Mailing Address
C/O KIMBERLY J. LOSTETTER
5823 26TH STREET WEST
BRADENTON, FL 34207



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0015094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOSTETTER, KIMBERLY J.
382 MOFFAT LOOP
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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

U00000025988
02/21/08-80031-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FULKS, JOANN M 5823 26TH STREET W. BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOSTETTER, KIMBERLY J. 382 MOFFAT LOOP OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR - C FULKS, C O 5823 26 ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - COO SEAGRAVES, WILLIAM JR. 8805 FLORIDA ROCK ROAD, LOT 1 ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORSBERG, SUZIE M 5823 26TH STREET W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

DATE

Daytime Phone #