


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L38771					
1. Entity Name MEDICO ENVIRONMENTAL SERVICES, CORP.					
Principal Place of Business 13200 58TH ST. N. CLEARWATER, FL 37760 US			Mailing Address 13200 58TH ST. N. CLEARWATER, FL 37760 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3004111	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUBBELL, GERALD B 464 JEWEL COURT - LARGO, FL 33770			7. Name and Address of New Registered Agent Name: <u>Hubbell, Gerald C.</u> Street Address (P.O. Box Number is Not Acceptable): <u>464 Jewel Court</u> City: <u>Belleair Bluffs</u> FL Zip Code: <u>33770</u>		
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: <u>[Signature]</u> 6-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUBBELL, GERALD B 499 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBBELL, STELLA M 499 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUBBELL, GERALD C 464 JEWEL COURT BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hubbell, Gerald B. 499 North Indian Rocks Road Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hubbell Gerald C. 464 Jewel Court Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hubbell Gerald C. 464 Jewel Court Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hubbell Gerald C. 464 Jewel Court Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hubbell Gerald C. 464 Jewel Court Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u>		5-31-06 727-532-0099			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

FILED

06 JUN 22 PM 2:48

SECRETARY OF STATE



05312006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3004111 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name: Hubbell, Gerald C.
 Street Address (P.O. Box Number is Not Acceptable): 464 Jewel Court
 City: Belleair Bluffs FL Zip Code: 33770

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.
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9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUBBELL, GERALD B 499 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRD Hubbell, Gerald B. 499 North Indian Rocks Road Belleair Bluffs, FL 33770
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBBELL, STELLA M 499 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900076711439 06/23/06--01042--015 **70.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUBBELL, GERALD C 464 JEWEL COURT BELLEAIR BLUFFS, FL 33770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hubbell Gerald C. 464 Jewel Court Belleair Bluffs, FL 33770
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