## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 04, 2004 8:00 am

1. Entity Nam	MENT # L50311 FERRA ENVIRONMENTAL S	ERVICES, INC.		02-04-2004 90030 019 ***150.00
Principal Place of Business  1834 TALBOT AVE SUITE 3 JACKSONVILLE FL 32205 US		Mailing Address  1834 TALBOT AVE SUITE 3 JACKSONVILLE FL 322 US	205	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-2994437 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	and the second of the second o
SMITH, EDWARD A 1834 TALBOT AVE SUITE 3			Street Address	s (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32205			City	FL Zip Code
				tered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	Signature, typed or printed name of registered agen FILE.NOW!!! FEE IS \$150.00 ir May 1, 2004 Fee will be \$550.00 k Payable to Florida Department (		Registered Agent signature requir	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JUDITH A 3526 HERSCHEL ST JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, EDWARD A. 1834 TALBOT AVE, SUITE 3 JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DORVAK A 5522 GOLFVIEW AVE JACKSONVILLE FL 32207	☐ Delete	TITLE SON NAME - STREET ADDRESS 18: CITY-ST-ZIP	nith, Dorvak A Swite 1 34 TALBOT AVE Swite 1 9CKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.