2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L80742

1. Entity Name STOTTLER STAGG ENVIRONMENTAL SERVICES, INC.



Principal Place of Business C/O RICHARD H. STOTTLER, JR. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL. 32920 Mailing Address C/O RICHARD H. STOTTLER, JR. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920



01082004 No Chg-P

4. FEI Number

CR2E034 (10/03)

Applied For

FILED

May 04, 2004 8:00 am Secretary of State

05-04-2004 90158 032 ***150.00

59-3015205 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

STOTTLER, RICHARD H., JR. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920

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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 | | | | | |
|---|--|--|-----|---------------------------------------|---------------------------------------|
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE | PD | | | | · · · · |
| NAME | STOTTLER, RICHARD H. JR. | | | | |
| STREET ADDRESS | 8680 NATLANTIC AVE | | | | |
| CITY-ST-ZP | CAPE CANAVERAL, FL | | | • | |
| ` | DSRV | · · · · · · · · · · · · · · · · · · · | 6 | | · • |
| NAME | PEKAR, JOHN A | | | | |
| STREET ADDRESS | 8680 N ATLANTIC AVE | | | | |
| CITY-ST-ZP | CAPE CANAVERAL, FL | | | | |
| mur . | SD | | | | · . |
| NAME . | DEEVERS, JUDITH | | | | _ |
| STREET ADORESS | 8680 N ATLANTIC AVE | | | | |
| CITY-ST-ZP | CAPE CANAVERAL, FL | | | DO | |
| TILE | | · · · · · · · · · · · · · · · | | | |
| NAME | 1999 - 19 | | | - IN | THIS SPACE |
| STREET ADDRESS | | | | | |
| CITY-ST-ZP | | | | | |
| TITLE | • | · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · |
| NAME | Sec. 19 | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZP | | | | - | · · · · · |
| TITLE | ······································ | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | , |
| CITY-ST-ZIP | | | | | |
| 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. | | | | | |
| | Proband H | Statten n 1 | Yes | i uli | 2N/N 271,182,220 |
| SIGNAT | | NAME OF SIGNING OFFICER OR DIRECTOR | | | |
| | | | | | |
| | | | | | |