

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 048 ***150.00

DOCUMENT # M80000
1. Entity Name
UST ENVIRONMENTAL SERVICES, INC.



Principal Place of Business P.O. BOX 844 LAKELAND FL 33802-0844 US	Mailing Address P.O. BOX 844 LAKELAND FL 33802-0844 US
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2. Principal Place of Business - No P.O. Box # 407 E. Bridgers Avenue Suite, Apt. #, etc. Auburndale, FL	3. Mailing Address P. O. Box 366 Suite, Apt. #, etc. Auburndale, FL
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1st MOORE CR2E034 (10/06)

City & State 33823	City & State 33823-0366	4. FEI Number 59-3082746	Applied For <input type="checkbox"/> Not Applicable
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Zip 33823	Country	Zip 33823-0366	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MAYER, CHARLES R
5835 BARTOW RD S
LAKELAND FL 33813

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when registering)

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 **\$5.00** May Be
Trust Fund Contribution. Added to Fees

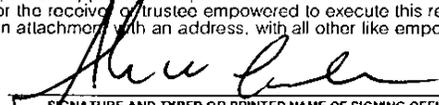
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLLINS, JOHN W., III 505 KATHLEEN RD. LAKELAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAYER, CHARLES R. 5835 BARTOW RD. S. LAKELAND FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD COLLINS, PATRICIA D. 505 KATHLEEN RD. LAKELAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 E. Bridgers Avenue Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD COOMES, JOSEPH D. 407 E. Bridgers Avenue Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 E. Bridgers Avenue Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-2007 863 698 9917
Date Daytime Phone #