2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000063

Entity Name: YOUTH ENVIRONMENTAL SERVICES, INC.

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4626 SAFFOLD ROAD WIMAUMA, FL 335980189				4337 SAFFOLD ROAD WIMAUMA, FL 33598			
Current Mailing Address:				New Mailing Address:			
	ED MARINE I IAMIN CENTE 33634 U	R DRIVE					
FEI Number:	59-3217810	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:		
HULL, DAVID J SMITH, HUSLEY, & BUSEY 2225 WATER STREET, STE 1800 JACKSONVILLE, FL 32202 US				HULL, DAVID J SMITH, HUSLEY & BUSEY 2225 WATER STREET, STE 1800 JACKSONVILLE, FL 32202 US			
The above in the State		submits this statement for the pu	ırpose o	f changing it	s registered	d office or registered agent, or both,	
SIGNATURE:				02/26/2009			
Electronic Signature of Registered Agent						Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	ROBERT, LUC 1201 N.ORIEN TAMPA, FL 33	ΓRD		Title: Name: Address: City-St-Zip: Title:	C LUCAS, ROI 1201 N.ORII TAMPA, FL VC	ENT RD	
Name: Address: City-St-Zip:	STANDER, OB 5915 BENJAMI TAMPA, FL 33	N CENTER DRIVE 634		Name: Address: City-St-Zip:		OHN BBLE BEACH BLVD. ENTER, FL 33573	
Title: Name: Address: City-St-Zip:	VARNELL, JOH 1831 N. PABBI	Delete IN .E BEACH BLVD. TER, FL 33573		Title: Name: Address: City-St-Zip:	ST KNIGHT, AL PO BOX 628 WIMAUMA,	5	
Title: Name: Address: City-St-Zip:	ST (KNIGHT, ALBE PO BOX 625 WIMAUMA, FL			Title: Name: Address: City-St-Zip:		(X) Change()Addition N, MICHAEL R WOODS CT. L 33594	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D CHRISTALD 101 E. KENI TAMPA, FL	NEDY BLVD., SUITE 2800	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D STANDER, 0 5915 BENJA TAMPA, FL	AMIN CENTER DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

 SIGNATURE:
 O.B. STANDER
 D
 02/26/2009