

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90283 036 \*\*\*150.00

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05022005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000118412</b> 1. Entity Name <b>WILSON ENVIRONMENTAL SERVICES, INC.</b>					
Principal Place of Business <b>2333 WETHERINGTON RD CLEARWATER, FL 33765</b>			Mailing Address <b>2333 WETHERINGTON RD CLEARWATER, FL 33765</b>		
2. Principal Place of Business <b>1911 Oakmount Ave, Suite 1</b> Suite, Apt. #, etc.		3. Mailing Address <b>1911 Oakmount Ave, Suite 1</b> Suite, Apt. #, etc.			
City & State <b>Tarpon Springs, FL</b>		City & State <b>Tarpon Springs</b>			
Zip <b>34689</b>		Zip <b>34689</b>			
Country <b>US</b>		Country <b>US</b>			
4. FEI Number <b>62-1600160</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>WILSON, KARAN G 2333 WETHERINGTON RD CLEARWATER, FL 33765</b>					
7. Name and Address of New Registered Agent Name <b>Eric White</b> Street Address (P.O. Box Number is Not Acceptable) <b>1911 Oakmount Ave Suite 1</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b>					
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 <b>5/2/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WILSON, CHARLES R 2333 WETHERINGTON RD CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WILSON, KARAN G 2333 WETHERINGTON RD CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.					
SIGNATURE:				Date <b>5/3/05</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					