2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-04-2004 90151 007 ****50.00
06-07-2004 90001 020 ***100.00

DOCUMENT # P03000128309

1. Entity Name
GB TECHNICAL ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~707 SOUTH MULLET STE 110 CAPE CANAVERAL, FL 32920~~	~~707 SOUTH MULLET STE 110 CAPE CANAVERAL, FL 32920~~

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
97 HICKORY TREE RD	97 HICKORY TREE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD FL	City & State: LONGWOOD FL
Zip: 32750-7205 Country:	Zip: 32750-7205 Country:

4. FEI Number 54-2134437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: WILLIAMS, WARREN E.
Street Address (P.O. Box Number is Not Acceptable): 28 WEST CENTRAL BLVD, SUITE 401
City: ORLANDO FL Zip Code: 32801

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: WARREN E WILLIAMS DATE: 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: BANTA, GREGORY R STREET ADDRESS: ~~707 SOUTH MULLET STE 110~~ CITY-ST-ZIP: ~~CAPE CANAVERAL, FL 32920~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 97 HICKORY TREE RD CITY-ST-ZIP: LONGWOOD FL 32750-7205	☒ Change ☐ Addition
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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: [signature] 4/23/04 407-260-1953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #