


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000132566</b>	
1. Entity Name <b>SOUTHERN ENVIRONMENTAL SOLUTIONS, INC.</b>	

Principal Place of Business <b>DAVID J. FASULO, ESQ. H. HARBAUGH, PC 3 GATEWAY CENTER, 22ND FLOOR PITTSBURGH, PA 15222</b>	Mailing Address <b>DAVID J. FASULO, ESQ. H. HARBAUGH, PC 3 GATEWAY CENTER, 22ND FLOOR PITTSBURGH, PA 15222</b>
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08292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>25-1314175</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000377864  
09/07/05-80018-007 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<b>FROBOUCK, STEPHEN C</b>
NAME	
STREET ADDRESS	<b>C/O HOUSTON HARBAUGH P.C.</b>
CITY-ST-ZIP	<b>PITTSBURGH, PA 152193463</b>
TITLE <b>TD</b>	<b>ANDERSON, WILLIAM E</b>
NAME	
STREET ADDRESS	<b>C/O HOUSTON HARBAUGH, P.C.</b>
CITY-ST-ZIP	<b>PITTSBURGH, PA 15219</b>
TITLE <b>VPD</b>	<b>SAVOR, STEVEN</b>
NAME	
STREET ADDRESS	<b>C/O HOUSTON HARBAUGH, P.C.</b>
CITY-ST-ZIP	<b>PITTSBURGH, PA 15219</b>
TITLE <b>SD</b>	<b>FASULO, DAVID J</b>
NAME	
STREET ADDRESS	<b>C/O HOUSTON HARBAUGH, P.C.</b>
CITY-ST-ZIP	<b>PITTSBURGH, PA 15219</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/05**

Date

**412 784-3399**

Daytime Phone #

**STEPHEN C. FROBOUCK**