

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092146

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: SUBSURFACE ENVIRONMENTAL, INC

## Current Principal Place of Business:

2418 SE DOGWOOD AVE  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 8926  
PORT ST. LUCIE, FL 34985

## New Mailing Address:

FEI Number: 20-3329250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OUELLETTE, SHAWN  
2418 SE DOGWOOD AVE.  
PORT ST. LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OUELLETTE, SHAWN  
Address: 2418 SE DOGWOOD AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP ( ) Delete  
Name: LYNCH, THOMAS  
Address: 30 HAWAII BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: OUELLETTE, SHAWN  
Address: 2418 SE DOGWOOD AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: OUELLETTE, STACIA  
Address: 2418 SE DOGWOOD AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN OUELLETTE

VP

04/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date