

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094528

FILED
Apr 21, 2009
Secretary of State

Entity Name: NACB ENVIRONMENTAL HEALTH & SAFETY SERVICES, INC.

Current Principal Place of Business:

217 NORTH WESTMONTE DRIVE
SUITE 3019
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

930 WILLISTON PARK PT
LAKE MARY, FL 32746

Current Mailing Address:

217 NORTH WESTMONTE DRIVE
SUITE 3019
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

930 WILLISTON PARK PT
LAKE MARY, FL 32746

FEI Number: 38-3724323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, THEADORE L
1093 PRESCOTT BLVD
DELTONA, FL 32738 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: BLANTON, THEADORE L
Address: 1093 PRESCOTT BLVD
City-St-Zip: DELTONA, FL 32738 US

Title: STVP () Delete
Name: BLANTON, DIANA S
Address: 1093 PRESCOTT BLVD
City-St-Zip: DELTONA, FL 32738 US

Title: EVP () Delete
Name: CRISPELL, JOSEPH R
Address: 1579 N RIDGELAKE CIR
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DIANA BLANTON

STVP

04/21/2009

Electronic Signature of Signing Officer or Director

Date