2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P06000092549

Entity Name: FREEDOM ENVIRONMENTAL SPECIALISTS, INC.

Current Principal Place of Business:

5180 WES MAR RD
FT MYERS, FL 33905

New Principal Place of Business:

7280 PELAS CIRCLE
NORTH FORT MYERS, FL 33917

Current Mailing Address:

5180 WES MAR RD
FT MYERS, FL 33905

New Mailing Address:

7280 PELAS CIRCLE
NORTH FORT MYERS, FL 33917

FEI Number: 87-0777198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, KELLY J
5180 WES MAR RD
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

FOSHEE, ANN M
7280 PELAS CIRCLE
NORTH FORT MYERS, FL 33917 US

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: ANN M FOSHEE 02/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOSHEE, ANN M
Address: 7280 PELAS CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP ( ) Delete
Name: SANDERS, KELLY J
Address: 5180 WES MAR RD
City-St-Zip: FT MYERS, FL 33905

Title: S (X) Delete
Name: FOSHEE, JULIAN G JR
Address: 7280 PELAS CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T (X) Delete
Name: SANDERS, CURTIS J
Address: 5180 WES MAR RD
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: FOSHEE, JULIAN G JR
Address: 7280 PELAS CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

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: ANN M FOSHEE PD 02/06/2009
Electronic Signature of Signing Officer or Director Date