## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000070532

FILED Feb 03, 2009 Secretary of State

Entity Name: ENVIRONMENTAL SERVICES, STAFFING AND SOLUTIONS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	RTA STREET DD, FL 32750			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
P.O. BOX 5 LONGWOO	521166 DD, FL 32752			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
1120 ALBE LONGWO	MISKO, KIMBERLY S CEO RTA STREET DD, FL 32750 US  named entity submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	Electronic Signature of Registered Age	ant and	 Date	
Fl4:		5111.	Date	
Election Carr	npaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () Delete BOUDRIE-MISKO, KIMBERLY S 1120 ALBERTA STREET LONGWOOD, FL 32750	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COO ( ) Delete MISKO, ROBERT A 1120 ALBERTA STREET LONGWOOD, FL 32750	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO ( ) Delete BOUDRIE, LARRY F 222 SAND PINE DRIVE INDIALANTIC, FL 32903	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete NORSEN, STEPHANIE 369 LAKEBREEZE CIRCLE LAKE MARY, FL 32746	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete OWENS, KEVIN E 2277 FOX CHAPEL COURT DELTONA, FL 32738	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: CHEIF OPERATING OFFICER COO 02/03/2009