2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P08000070532

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

Current Principal Place of Business:

1120 ALBERTA STREET
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 521166
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUDRIE-MISKO, KIMBERLY S CEO
1120 ALBERTA STREET
LONGWOOD, FL 32750 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: CEO ( ) Delete
Name: BOUDRIE-MISKO, KIMBERLY S
Address: 1120 ALBERTA STREET
City-St-Zip: LONGWOOD, FL 32750

Title: COO ( ) Delete
Name: MISKO, ROBERT A
Address: 1120 ALBERTA STREET
City-St-Zip: LONGWOOD, FL 32750

Title: CFO ( ) Delete
Name: BOUDRIE, LARRY F
Address: 222 SAND PINE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: SEC ( ) Delete
Name: NORSEN, STEPHANIE
Address: 369 LAKEBREEZE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: OWENS, KEVIN E
Address: 2277 FOX CHAPEL COURT
City-St-Zip: DELTONA, FL 32738

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:

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: CHEIF OPERATING OFFICER COO 02/03/2009

Electronic Signature of Signing Officer or Director — Date