

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000046894**

1. Entity Name

CENTRAL ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

3210 FRIENDLY AVE.  
ORLANDO, FL 32808

Mailing Address

3210 FRIENDLY AVE.  
ORLANDO, FL 32808 US

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3320543

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOE, BRIAN R  
3070 W. LAKE MARY BLVD.  
LAKE MARY, FL 32746

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LORENZ, RICHARD
STREET ADDRESS	1166 AUTUMN BROOK CIR
CITY - ST - ZIP	LONGWOOD, FL 32751
TITLE	VP
NAME	FOX, JASON
STREET ADDRESS	122 W HILLCREST STREET
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	ST
NAME	CRAWFORD, JULIA M
STREET ADDRESS	1248 S. FLORAL WAY
CITY - ST - ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000001724  
01/12/04-80022-014 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julia Crawford* Julia Crawford 1/5/04 407-295-7005