2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with

SIGNATURE:

Jan 26, 2004 8:00 am DOCUMENT # P96000003830 **Secretary of State** 1. Entity Name 01-26-2004 90004 019 ***150.00 ACTION ENVIRONMENTAL SERVICES, INC. Principal Place of Business Mailing Address 8407 FT WALTON AVE FORT PIERCE FL 34951 8407 FT WALTON AVE FORT PIERCE FL 34951 **~***0000233 andros & Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For 65-0634647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE TITLE Change ☐ Addition Delete PASCOE, RICHARD H NAME NAME STREET ADDRESS 8407 FT WALTON AVE STREET ADDRESS FORT PIERCE FL 34951 CITY-ST-ZIP CITY-ST-ZIP **VSD** Addition ☐ Delete TITLE PASCOE, DIANE I NAME STREET ADDRESS 8407 FT WALTON AVE STREET ADDRESS FORT PIERCE FL 34951 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUTLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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

FILED