


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 022 ***150.00

DOCUMENT # P96000077037 1. Entity Name ENVIRONMENTAL HEALTH & SAFETY SERVICES, INC.			
Principal Place of Business 11037 HARBOUR LANE NORTH JACKSONVILLE, FL 32225 US		Mailing Address 11037 HARBOUR LANE NORTH JACKSONVILLE, FL 32225 US	
2. Principal Place of Business - No P.O. Box # 203 Tyne Drive Suite, Apt. #, etc. Franklin, TN City & State		3. Mailing Address 203 Tyne Drive Suite, Apt. #, etc. Franklin City & State Tennessee	
Zip 37064 Country USA		Zip 37064 Country USA	
4. FEI Number 59-3400640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEAD, KOKO PA 9309 OLD KINGS ROAD SOUTH, SUITE 4 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Mary W. Lee, PA Street Address (P.O. Box Number is Not Acceptable) Osceola Professional Center 440 Osceola Ave. City Jacksonville Beach FL Zip Code 32250	
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 Gary W Lee CPA <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		Sam W Lee <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 4/8/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WADATZ, JAMES M STREET ADDRESS 11037 HARBOUR N. LANE CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ES NAME WADATZ, ALICIA STREET ADDRESS 11037 HARBOUR N. LANE CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME Wadatz, James M STREET ADDRESS 203 Tyne Drive CITY-ST-ZIP Franklin TN 37064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ES NAME Wadatz, Alicia STREET ADDRESS 203 Tyne Drive CITY-ST-ZIP Franklin, TN 37064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Alicia Wadatz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 3, 2008 <small>Date</small>	
1-615-472 8426 <small>Daytime Phone #</small>			