

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077037

FILED
Jan 16, 2009
Secretary of State

Entity Name: ENVIRONMENTAL HEALTH & SAFETY SERVICES, INC.

Current Principal Place of Business:

203 TYNE DRIVE
FRANKLIN, TN 37064 US

New Principal Place of Business:

Current Mailing Address:

203 TYNE DRIVE
FRANKLIN, TN 37064 US

New Mailing Address:

FEI Number: 59-3400640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, GARY W PA
OSCEOLA PROFESSIONAL CENTER
440 OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250 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: P () Delete
Name: WADATZ, JAMES M
Address: 11037 HARBOUR N. LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: ES () Delete
Name: WADATZ, ALICIA
Address: 11037 HARBOUR N. LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: P (X) Delete
Name: WADAT, JAMES M
Address: 203 TIME DRIVE
City-St-Zip: FRANKLIN, TN 37064

Title: ES (X) Delete
Name: WADAT, ALICIA
Address: 203 TYME DRIVE
City-St-Zip: FRANKLIN, TN 37064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WADATZ, JAMES M
Address: 203 TYNE DRIVE
City-St-Zip: FRANKLIN, TN 37064

Title: ES (X) Change () Addition
Name: WADATZ, ALICIA
Address: 203 TYNE DRIVE
City-St-Zip: FRANKLIN, TN 37064

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: JAMES M. WADATZ

P

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date