

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000009995

1. Entity Name

CONTAINMENT SERVICES, INC.



Principal Place of Business

704 DUNCASTLE CT  
DEBARY, FL 32713

Mailing Address

704 DUNCASTLE CT  
DEBARY, FL 32713

**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**



07292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0732193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GRANT, GARY  
300 STEVENS LANDING DRIVE SUITE 104  
MARCO ISLAND, FL 34145

**DO NOT WRITE  
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 item application.

(NOTE: Registered Agent signature required when reinstating)

7/30/08

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRANT, GARY
STREET ADDRESS	704 DUNCASTLE CT
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	VP
NAME	GRANT, ROD
STREET ADDRESS	704 DUNCASTLE CT
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	TRES
NAME	GURN, ROBERT
STREET ADDRESS	10910 SILVERADO TRACE DR.
CITY-ST-ZIP	HOUSTON, TX 77095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957174  
08/06/08-80002-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/08

Date

Daytime Phone #