2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000072135

1. Entity Name

LEES ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

6710 EMBASSY BLVD

STE 102 PORT RICHEY, FL 34668 Mailing Address

9530 SUNBEAM DRIVE NEW PORT RICHEY, FL 34654 FILED
Jan 08, 2007 08:00 AM
Secretary of State



01042007

No Cha-F

CR2E034 (11/05)

4. FEI Number 59-3467303

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Cum	ent	Registe	red	Agent

LEES, EDWARD E 9530 SUNBEAM DRIVE NEW PORT RICHEY, FL 34654

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NEW POR	T RICHEY, FL 34654		IN THIS SPACE				
	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	s required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PST LEES, EDWARD E 9530 SUNBEAM DRIVE NEW PORT RICHEY, FL 34654 VP SHIRK, JAMES E 8705 COVE COURT TAMPA, FL 33615	TORS			U00000577061 01/08/07-80001-013 150.00		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WRITE THIS SPACE		
NAME STHEET ADDRESS CITY-ST-ZIP					`		
TITLE Name Street adoress City-St-Zip							

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 attack then with an address, with all other like ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(727) 859-9565

Daytime Phone #