2005 FOR PROFIT CORPORATION

AMENDED ANNUAL REPORT **DOCUMENT # P98000091348** FILED 1. Entity Name GIRARD ENVIRONMENTAL SERVICES, INC. 05 JUL 28 PH 3: 55 GEGRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2502 W FIRST ST PO BOX 1119 SANFORD, FL 32771 US SANFORD, FL 32772-1119 US 3. Mailing Address 2. Principal Place of Business 1250 Central Park Drive P.O. Box 1119 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07252005 Chg-P Applied For City & State City & State 4. FEI Number 59-3537631 Not Applicable Sanford, Sanford, FI Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired 32771 USA 32772-1119 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard A. Girard GIRARD, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 2502 W FIRST ST SANFORD, FL 32771 1250 Central Park Drive City Sanford Zip Code 32771 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. 7/27/2005 SIGNATURE Signature, typed or printed name of registered agent and title 4 applica \$5.00 May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D, P Addition ☐ Delete TITLE MUE GIRARD, WILLIAM R NAME 843 BLAIRMONT LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY, FL 32746 TITLE ☐ Delete TITLE D, S, CEO, Chairman Change ☐ Addition NAME GIRARD, RICHARD A NAME 100058486181 08/11/05--01050--019 **61 STREET ADDRESS 855 BLAIRMONT LANE STREET ADDRESS **61 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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. 27, 2005 407-302-5568 Date Daytme Prions