2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000041015

1. Entity Name

FIRST ENVIRONMENTAL SERVICES, INC.



FILED Jul 28, 2004 8:00 am Secretary of State 07-28-2004 90018 032 ***150.00

| Principal Place of Business | | Mailing Address | | | | | | | |
|--|---|--|-------------------------------|--|----------------------|---------------------------------------|----------------|---|---------------------------|
| 4106 A1A SOUTH ST. AUGUSTINE FL 32080 | | 4106 A1A SOUTH ST. AUGUSTINE FL 32080 | | | 54065269 | | | | |
| | | | | 1 | I (111) (1 | OTI IIT IOIIS KOIN BEKU OSIII | | | 1911 # (111 |
| 2. Principal Place of Business | | 3. Mailing Address 280 N.E. IST AVE. | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOORE CR2E034 (4/04) | | | | |
| City & State | | City & State High SPRINGS, 7L. | | | 4. FEI Numbe | 59-3591042 | | _ | plied For t Applicable |
| Zip | Country | ^{Zip} 32643 | Country U S A | <u> </u> | 5. Certificate | of Status Desired | | 8.75 Add ee Required | |
| | 6. Name and Address of Current F | Registered Agent | | | 7. Name and | Address of New R | egistered Ag | jent | |
| | | | Name | | | | | | |
| 4100 | LETTA, JOHN JR.,ESQ DA1A SOUTH AUGUSTINE FL 32084 | • | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 31.5 | 10000 TINE 1 E 32004 | | | | | | | | |
| | | | City | - | | | FL | Zip Code | 9 |
| 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 _ | ;I | | | | | | | | |
| Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 | | | | | | | | | |
| DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it. 9. Election Campaign Financing | | | | | | | | | |
| Make Check | Payable to Florida Department of | State did not receive prid | or notice. Fee to | file is \$15 | 50.00. | | | | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | CERS AND [| DIRECTORS | 3 IN 11 |
| | DP | ☐ Delete | TITLE | JD_P | | - A!- | | Change | ☐ Addition |
| | SOUTHERN, DAVID | | NAME | 500 | THE RN. | PAVID | | | |
| The state of the s | 108 MEADOWS AVE. ST.AUGUSTINE FL 32084 | | STREET ADDRESS CITY-ST-ZIP | 280 | O N.G. | INGS, 7L. | 3264 | 3 | |
| | · · · · · · · · · · · · · · · · · · · | | | 1 | GH SPIC | 11063 700 | | | |
| 1 | DS :: SOUTHERN, NANCY | ☐ Delete | TITLE Name | D5 | | 0/10/10 | | 나 Change | ☐ Addition |
| | 108 MEADOWS AVE. | | STREET ADDRESS | 500 | THEKN | NAWCY IST AUG | | | |
| | ST.AUGUSTINE FL 32084 | | CITY-ST-ZIP | 1+1 | GH SPR | IST AUE | . 326 | 43 | |
| TITLE | DT 1 | ☐ Delete | TITLE | - ` ` | 3.,. | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| | WENDLER, SCOTT | - Delete | NAME | | | | | criange | C Addition |
| | 122 SAN JOSE FOREST DRIVE | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | ST.AUGUSTINE FL 32084 | - - | CITY-ST-ZIP | - | | - | - | | • |
| TITLE | DVP | ☐ Delete | TITLE | | | | | Change | Addition |
| | WENDLER, DONNA | | NAME | | | • | | | |
| | 122 SAN JOSE FOREST DRIVE | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | ST.AUGUSTINE FL 32084 | | CITY-ST-ZIP | | | | | | |
| TITLE | ā 1 | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME | e e e e e e e e e e e e e e e e e e e | | NAME | 1 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | • | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | | — | <u> </u> | | | | | | |
| TITLE | 1 · · · · · · · · · · · · · · · · · · · | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | 6. | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | * 4 | | CITY-ST-ZIP | | | | | | |
| I | certify that the information supplied with | this filing does not qualify for the | . | Lted in Sec | ction 119.07(3)(i | i), Florida Statutes | further certif | v that the ir | formation |
| indicated | on this report or europlemental report is | terin and name cate and that me | ط المطم معينية | ava tha n | ama lanal offee | | | | ar disaatas |

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: