2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041015

WENDLER, DONNA

122 SAN JOSE FOREST DRIVE

ST.AUGUSTINE, FL 32084

Name:

Address:

City-St-Zip:

Entity Name: FIRST ENVIRONMENTAL SERVICES, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4106 A1A SOUTH 2604 POWERS AVENUE ST. AUGUSTINE, FL 32080 SUITE #2 JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 3707 HWY 17 N SAUTEE NACOOCHEE, GA 30571 FEI Number: 59-3591042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLETTA, JOHN JR., ESQ 4100 A1A SOUTH ST.AUGUSTINE, FL 32084 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SOUTHERN, DAVID Name: Name: 3707 HWY 17 N Address: Address: City-St-Zip: SAUTEE NACOOCHEE, GA 30571 City-St-Zip: Title: DS Title: () Delete () Change () Addition Name: SOUTHERN, NANCY Name: 3707 HWY 17 N Address: Address: SAUTEE NACOOCHEE, GA 30571 City-St-Zip: City-St-Zip: () Delete Title: Title: DT () Change () Addition WENDLER, SCOTT Name: Name: 122 SAN JOSE FOREST DRIVE Address: Address: City-St-Zip: ST.AUGUSTINE, FL 32084 City-St-Zip: Title: DVP () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID L. SOUTHERN PRES 04/25/2008