

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080746

FILED
Feb 24, 2004
Secretary of State

Entity Name: NOVA ENVIRONMENTAL SERVICES, INC.

Current Principal Place of Business:

4428 NW 36TH TERRACE
GAINESVILLE, FL 32065

New Principal Place of Business:

Current Mailing Address:

4428 NW 36TH TERRACE
GAINESVILLE, FL 32065

New Mailing Address:

FEI Number: 59-3624629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVOKOWSKY, MARK A
4428 N.W. 36TH TERRACE
GAINESVILLE, FL 32605

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: NOVOKOWSKY, MARK A
Address: 4428 N.W. 36TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: NOVOKOWSKY, CATHERINE
Address: 4428 NW 36TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CATHERINE M. NOVOKOWSKY

D

02/24/2004

Electronic Signature of Signing Officer or Director

Date