

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # S77025

1. Entity Name

FLORIDA ENVIRONMENTAL EXCAVATORS, INC.



Principal Place of Business

14030 MUSTANG TRAIL
FT. LAUDERDALE FL 33330

Mailing Address

14030 MUSTANG TRAIL
FT. LAUDERDALE FL 33330



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0293704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOVIK, JOHANNES
14030 MUSTANG TRAIL
FT. LAUDERDALE FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and the filer, if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SOVIK, JOHANNES	
STREET ADDRESS	5201 S.W. 186 AVE.	
CITY-ST-ZIP	SW RANCHES FL 33332	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOKKINOS, EMMANUEL	
STREET ADDRESS	11831 STONEHAVEN WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SOVIK, PATRICIA	
STREET ADDRESS	14030 MUSTANG TRAIL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE	OFF	<input type="checkbox"/> Delete
NAME	KRISTINA, GOODMAN	
STREET ADDRESS	946 NW 110TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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02/27/08-80062-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like endorsements.

SIGNATURE:

Patricia Sovik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08

954-4347404

Date Daytime Phone #