

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77025

FILED
Feb 10, 2009
Secretary of State

Entity Name: FLORIDA ENVIRONMENTAL EXCAVATORS, INC.

Current Principal Place of Business:

14030 MUSTANG TRAIL
FT. LAUDERDALE, FL 33330

New Principal Place of Business:

14030 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330

Current Mailing Address:

14030 MUSTANG TRAIL
FT. LAUDERDALE, FL 33330

New Mailing Address:

14030 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330

FEI Number: 65-0293704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOVIK, JOHANNES
14030 MUSTANG TRAIL
FT. LAUDERDALE, FL 33330 US

Name and Address of New Registered Agent:

SOVIK, JOHANNES
14030 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330 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:

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOVIK, JOHANNES
Address: 5201 S.W. 186 AVE.
City-St-Zip: SW RANCHES, FL 33332

Title: VP () Delete
Name: KOKKINOS, EMMANUEL
Address: 11831 STONEHAVEN WAY
City-St-Zip: WEST PALM BEACH, FL 33412

Title: ST (X) Delete
Name: SOVIK, PATRICIA
Address: 14030 MUSTANG TRAIL
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: OFF (X) Delete
Name: KRISTINA, GOODMAN
Address: 946 NW 110TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OFF (X) Change () Addition
Name: SOVIK, PATRICIA B
Address: 14030 MUSTANG TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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 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.

SIGNATURE: PATRICIA SOVIK

OFF

02/10/2009

Electronic Signature of Signing Officer or Director

Date