

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V01264

1. Entity Name

LIFE SCIENCES ENVIRONMENTAL, INC.



Principal Place of Business

2900 72ND STREET NORTH
ST. PETERSBURG, FL 33710

Mailing Address

2900 72ND STREET NORTH
ST. PETERSBURG, FL 33710

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-10-2006 90006 041 ***150.00

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03222006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3104280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURNS, ALEX A.
2900 72ND STREET NORTH
ST. PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BURNS, ALEX A.
STREET ADDRESS 2900 72ND STREET N.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D
NAME SRYBNIK, LOUIS
STREET ADDRESS 140 43RD ST.
CITY-ST-ZIP BROOKLYN, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24M1116 06

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