

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003789

FILED
Apr 06, 2009
Secretary of State

Entity Name: SHIELD ENVIRONMENTAL ASSOCIATES, INC.

Current Principal Place of Business:

948 FLOYD DRIVE
LEXINGTON, KY 40505

New Principal Place of Business:

Current Mailing Address:

948 FLOYD DRIVE
LEXINGTON, KY 40505

New Mailing Address:

11700 COMMONWEALTH DRIVE
SUITE 200
LOUISVILLE, KY 40299

FEI Number: 56-1855749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOWER, MIKE
20 SALT MARSH
AMELIA ISLAND, FL 32034 US

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: PRES () Delete
Name: TERRELL, DANIEL V III
Address: 948 FLOYD DRIVE
City-St-Zip: LEXINGTON, KY 40505

Title: VP () Delete
Name: SWEET, MARK F
Address: 948 FLOYD DRIVE
City-St-Zip: LEXINGTON, KY 40505

Title: VP () Delete
Name: PORTER, CHARLES D
Address: 948 FLOYD DRIVE
City-St-Zip: LEXINGTON, KY 40505

Title: SEC () Delete
Name: EDMONDSON, MARK S
Address: 10488 BLUEGRASS PKWY
City-St-Zip: LOUISVILLE, KY 40299

Title: ASEC () Delete
Name: POLLEY, KATHY B
Address: 10488 BLUEGRASS PKWY
City-St-Zip: LOUISVILLE, KY 40299

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SEC (X) Change () Addition
Name: EDMONDSON, MARK S
Address: 11700 COMMONWEALTH DRIVE, SUITE 200
City-St-Zip: LOUISVILLE, KY 40299

Title: ASEC (X) Change () Addition
Name: POLLEY, KATHY B
Address: 11700 COMMONWEALTH DRIVE, SUITE 200
City-St-Zip: LOUISVILLE, KY 40299

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: KATHY POLLEY

ASEC

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date