



# State of New Hampshire

## 2009 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/06/2009

Business ID: 584424

William M. Gardner

Secretary of State

PREMIER ENVIRONMENTAL SERVICES, INC.

1880 WEST OAK PARKWAY BUILDING 100 STE. 106

MARIETTA, GA 30062

ADDRESS OF PRINCIPAL OFFICE:

1880 WEST OAK PARKWAY BUILDING 100 STE. 106

MARIETTA, GA 30062

1 REGISTERED AGENT AND OFFICE:

NATIONAL REGISTERED AGENTS, INC.

63 PLEASANT STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 584424

STATE OF DOMICILE: NEVADA

TO PROVIDE ENVIRONMENTAL SERVICES.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

SEC'Y. Heather A Null

STREET 1880 West Oak Pkwy  
Bldg. 100, Ste. 106

CITY/STATE/ZIP Marietta Ga 30062

PRES. Earl Scott

STREET 1880 West Oak Pkwy  
Bldg. 100, Ste. 106

CITY/STATE/ZIP Marietta Ga 30062

TREAS. Earl Scott

STREET 1880 West Oak Pkwy  
Bldg. 100, Ste. 106

CITY/STATE/ZIP Marietta Ga 30062

V-PRES. Shawn R T Severn

STREET 8445 Adams Grove Street

CITY/STATE/ZIP Las Vegas Nv 89139

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Earl Scott

STREET 1880 West Oak Pkwy  
Bldg. 100, Ste. 106

CITY/STATE/ZIP Marietta Ga 30062

DIR. Shawn R T Severn

STREET 8445 Adams Grove Street

CITY/STATE/ZIP Las Vegas Nv 89139

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Heather A Null

Please print name and title of signer: Heather A Null

NAME

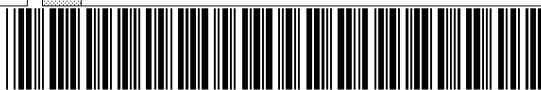
/

SECRETARY

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



058442420091504

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529