

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001396

FILED  
Jan 23, 2004  
Secretary of State

Entity Name: TRENCH TECH, INC.

**Current Principal Place of Business:**

16580 - 144TH AVENUE  
SPRING LAKE, MI 49456

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 257  
SPRING LAKE, MI 49456

**New Mailing Address:**

FEI Number: 38-3380663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN, MICHAEL  
200 CUMBERLAND PARK DRIVE  
ST AUGUSTINE, FL 32095 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: PCD ( ) Delete  
Name: WACHTER, JAMES  
Address: 16580 - 144TH AVE.  
City-St-Zip: SPRING LAKE, MI

Title: VSTD ( ) Delete  
Name: WACHTER, JOEL  
Address: 16580 - 144TH AVE.  
City-St-Zip: SPRING LAKE, MI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES WACHTER

PRES

01/23/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date