

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90031 002 ***150.00

DOCUMENT # F45908 1. Entity Name WETLANDS MANAGEMENT, INC.	
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Principal Place of Business 3461 A PALM CITY SCHOOL AVE PALM CITY, FL 34990 US	Mailing Address 3461 A PALM CITY SCHOOL AVE PALM CITY, FL 34990 US
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3402000



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2178516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILIO, JOSEPH L
 3380 SW SAINT LUCIE SHORES DRIVE
 PALM CITY, FL 34990

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 _____ (NOTE: Registered Agent signature required when renewing.) DATE _____

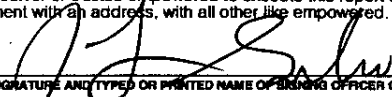
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILIO, JOSEPH L 3880 SW SAINT LUCIE SHORES DRIVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GILIO, JOSEPH 3380 SW SAINT LUCIE SHORES DRIVE PALM CITY, FL 34990
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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 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 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:  **Joseph L. Gilio** PD **2/27/04** **772-283-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #