


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90268 003 \*\*\*150.00

**DOCUMENT # P25307**  
 1. Entity Name  
**INLAND WATERS POLLUTION CONTROL, INC.**



Principal Place of Business  
**2021 S. SCHAEFER**  
**DETROIT, MI 48217-1239**

Mailing Address  
**2021 S. SCHAEFER**  
**DETROIT, MI 48217-1239**

**14010248**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**38-2024780**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**% C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	ROZYCKI, RICHARD	
STREET ADDRESS	2021 S. SCHAEFER	
CITY-ST-ZIP	DETROIT, MI 48217	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT L	
STREET ADDRESS	2021 S. SCHAEFER	
CITY-ST-ZIP	DETROIT, MI	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	DIXON, DAVID	
STREET ADDRESS	2021 S SCHAEFER	
CITY-ST-ZIP	DETROIT, MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, FRANK	
STREET ADDRESS	3400 E LAFAYETTE	
CITY-ST-ZIP	DETROIT, MI 48207	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORD, DANNY R	
STREET ADDRESS	2021 S SCHAEFER	
CITY-ST-ZIP	DETROIT, MI 48217	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, JOHN	
STREET ADDRESS	2021 S SCHAEFER	
CITY-ST-ZIP	DETROIT, MI 48217	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susko, Brian	
STREET ADDRESS	2021 Schaefer	
CITY-ST-ZIP	Detroit, MI	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bryant M. Frank **Bryant M. Frank** 4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #