2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2004 8:00 am **DOCUMENT # P00000061050 Secretary of State** EXTREME DEWATERING, INC. 02-05-2004 90016 030 ***150.00 Principal Place of Business Mailing Address 10501 DURRANCE RD. 10501 DURRANCE RD. SEBRING, FL 33872 SEBRING, FL 33872 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3660683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCLEAN, DOUGLAS A DO NOT WRITE 300 N CIRCLE SEBRING, FL 33870 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVTS** TITLE NAME WATSON, GENA 10501 DURRANCE RD STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 TITLE NAME STREET ADDRESS CITY-ST-ZIP TULLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

FILED

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Daytime Phone #