


FILED
 Feb 04, 2004 08:00 A
 Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 424508			
1. Entity Name HYDRO-ECOLOGY, INC.			
Principal Place of Business 708 N. OREGON AVE TAMPA, FL 33608		Mailing Address 708 N. OREGON AVE TAMPA, FL 33608	
2. Principal Place of Business		3. Mailing Address	
Subj. Act. & sec.		Subj. Act. & sec.	
City & State		City & State	
Zip		Country	
4. Name and Address of Return Preparer Agent		5. Name and Address of Return Registered Agent	
Keith E. Wade 8434 Southwood Oaks ST Lithia, FL 33547		Name _____ Street Address (P.O. Box Number is not acceptable) _____ City FL Zip Code	
6. The above defined entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: KEITH E. WADE PAF		DATE: 3/1/04	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 may be Added to Fee	
TO: OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE	POB	DATE	TYPE
NAME	KEYWORD	DATE	NAME
STREET ADDRESS	STREET ADDRESS	DATE	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	DATE	CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	POB	DATE	TYPE
NAME	KEYWORD	DATE	NAME
STREET ADDRESS	STREET ADDRESS	DATE	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	DATE	CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	POB	DATE	TYPE
NAME	KEYWORD	DATE	NAME
STREET ADDRESS	STREET ADDRESS	DATE	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	DATE	CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	KEYWORD	DATE	NAME
STREET ADDRESS	STREET ADDRESS	DATE	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	DATE	CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. I hereby certify that the information supplied with this filing was not qualified for the exemption stated in Section 11b.07(1)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature does have the same legal effect as if made under oath. I am an officer or director of the corporation or the holder of a trustee appointment to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 15 or Block 16 if changed, or on an attachment with an address, with all other filers.			
SIGNATURE: Sabrina L. Wade		DATE: 12/2/04 1013-254-3088	
SABRINA L. WADE			