2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State
01-08-2004 90052 049 ***158.75

DOCUMENT # 612054

1. Entity Name
A-1 CITY WIDE SEWER SERVICE, INC.

Principal Place of Business	Mailing Address
6342 NE CR 326 P.O. BOX 1057 SILVER SPRINGS, FL 34488 US	P.O. BOX 1057 SILVER SPRINGS, FL 34489 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-1916990 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, RAYMOND W.
COUNTY ROAD EAST 326
SILVER SPRINGS, FL 32688

7. Name and Address of New Registered Agent

Name: Brown Raymond W.
Street Address (P.O. Box Number is Not Acceptable): 6342 NE CR 326
Silver Springs Fl 34488
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: Barbara M. Brown — DATE: 1/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, RAYMOND W. CR EAST 326 SILVER SPRGS, FL	☐ Delete	PD Brown, Raymond W 6342 NE CR 326 Silver Springs Fl 34488	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, BARBARA M. CR EAST 326 SILVER SPRGS, FL	☐ Delete	STD Brown, Barbara M 6342 NE CR 326 Silver Springs Fl 34488	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Barbara M. Brown — 1/6/04 — 352-236-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #