

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686820

Entity Name: TIDWELLS' URETHANE FOAM SERVICE, INC.

FILED  
Apr 23, 2004  
Secretary of State

## Current Principal Place of Business:

2038 W OLIVE ST  
LAKELAND, FL 33815

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 950  
LAKELAND, FL 33802

## New Mailing Address:

FEI Number: 59-2018812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TIDWELL, COMER W  
1818 W OLIVE STREET  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

TIDWELL, COMER W  
2038 W. OLIVE STREET  
LAKELAND, FL 33815 US

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.

SIGNATURE: LOIS F. SHULTZ

04/23/2004

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TIDWELL, DAVID WESLEY  
Address: 2111 LAKE BENTLEY CT.  
City-St-Zip: LAKELAND, FL 33803

Title: CD ( ) Delete  
Name: TIDWELL, COMER WADE  
Address: 253 HOWARD AVE.  
City-St-Zip: LAKELAND, FL 33815

Title: VPD ( ) Delete  
Name: WILCOX, III MAX GORD, ON  
Address: 4907 STONECREST DR  
City-St-Zip: LAKELAND, FL 33813

Title: ST ( ) Delete  
Name: SHULTZ, LOIS F.  
Address: 1827 TRISTRAM  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WILCOX, III MAX GORD, ON  
Address: 1804 TRISTRAM  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS F. SHULTZ

ST

04/23/2004

Electronic Signature of Signing Officer or Director

Date