2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2004 08:00 AM Secretary of State

DOCL	IMEN	IT#	853331	l
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1. Entity Name

GRIFFIN DEWATERING CORPORATION



Principal Place of Business

6100 HARVEY WILSON DR. HOUSTON, TX 77020 US Mailing Address

P. O. BOX 15310 HOUSTON, TX 77220

US

04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 63-0826062

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature typed or printed name of registered agent and little	Il applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD SUIT, DAISY 6100 HARVEY WILSON DR. HOUSTON, TX				#10000144960 54755764-80147-021 158 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHONSARI, KAZEM 6100 HARVEY WILSON DR. HOUSTON, TX				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACK, WARD 5000 PAGE STREET CHESAPEAKE, VA 23324			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
HITLE NAME STREET ADDRESS City-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

713-671-8151