

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001703

1. Entity Name
NATIONAL BOILER SERVICE, INC.



Principal Place of Business

176 NORTH INDUSTRIAL DRIVE
TRENTON, GA 30752

Mailing Address

P.O. BOX 279
TRENTON, GA 30752

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1007728

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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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

000000102977
04/05/04-80036-025 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBERTS, SAMUEL F 354 DOGWOOD HILLS ROAD WILDWOOD, GA 30757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WOODS, JAMES A 5000 TWIN BRANCH DRIVE VESTAVIA, AL 35526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOODS, KEITH A 2400 ALTARIDGE CIRCLE VESTAVIA HILLS, AL 35243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Samuel F. Roberts PRESIDENT, Samuel F. Roberts 706/657-6200
4-02-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #