

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90307 039 ***150.00

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1. Entity Name
IWT TESORO CORPORATION



Principal Place of Business
**191 POST ROAD WEST
#10
WESTPORT, CT 06880**

Mailing Address
**191 POST ROAD WEST
#10
WESTPORT, CT 06880**

94049562



2. Principal Place of Business

3. Mailing Address

03292004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
91-2048019

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, GAYLE
2101 NW BOCA RATON BLVD.
SUITE 1
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
BOUCHER, HENRY J JR.
5 WICKS LANE
WILTON, CT 06897** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
EDWARDS, JAMES R
13912 MERCADO DR.
DEL MAR, CA 92014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
BOUCHER, PAUL F
4401 S.W. PORT WAY
PALM CITY, FL 34990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
PERNA, GREY
4401 S.W. PORT WAY
PALM CITY, FL 34990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COLEMAN, GAYLE
2101 NW BOCA RATON BLVD. SUITE 1
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAFOND, JAMES
1005 EATON DRIVE
MC LEAN, VA 22102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
3500 SW 42nd Avenue

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
3500 SW 42nd Avenue

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**D
EQUALE, JOSEPH A
51 TORTLE BACK RD
WILTON, CT 06897**

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:

[Signature]

HENRY J BOUCHER, JR
PRESIDENT, CEO

APRIL 2004 203-221-2770
Date Daytime Phone #