



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90466 011 \*\*\*158.75

<b>DOCUMENT # F95000002752</b> 1. Entity Name <b>FLORIDA REMEDIATION SERVICES, INC.</b>					
Principal Place of Business <b>3018 US HWY 301 N SUITE 110 TAMPA, FL 33619 US</b>			Mailing Address <b>3018 US HWY 301 N SUITE 110 TAMPA, FL 33619 US</b>		
2. Principal Place of Business <b>120 E. MLK Blvd.</b>		3. Mailing Address <b>120 E. MLK Blvd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04272004 Chg-P CR2E034 (10/03)	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3328672</b>	
Zip <b>33603</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>TOLBERT, ROBERT D JR 3018 US HWY 301 N SUITE 110 TAMPA, FL 33619</b>			7. Name and Address of New Registered Agent Name <b>Robert D. Tolbert Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 E. Martin Luther King Jr. Blvd.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33603</b>		
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 <b>Robert D. Tolbert Jr.</b> DATE <b>04-27-04</b> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD TOLBERT, ROBERT D JR 3018 US HWY 301 N., SUITE 110 TAMPA, FL 33619</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OTERO, CHARLES 3018 US HWY 301 N., SUITE 110 TAMPA, FL 33619</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>Robert D. Tolbert Jr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-27-04</b> Daytime Phone # <b>(813)246-4961</b>		
<b>Robert D. Tolbert Jr. President</b>					