


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90466 011 ***158.75

DOCUMENT # F95000002752

1. Entity Name
FLORIDA REMEDIATION SERVICES, INC.



Principal Place of Business 3018 US HWY 301 N SUITE 110 TAMPA, FL 33619 US	Mailing Address 3018 US HWY 301 N SUITE 110 TAMPA, FL 33619 US
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2. Principal Place of Business 120 E. MLK Blvd. Suite, Apt. #, etc.	3. Mailing Address 120 E. MLK Blvd. Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33603	Zip 33603
Country USA	Country USA



04272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3328672	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

TOLBERT, ROBERT D JR
 3018 US HWY 301 N
 SUITE 110
 TAMPA, FL 33619

7. Name and Address of New Registered Agent

Name: Robert D. Tolbert Jr.
 Street Address (P.O. Box Number is Not Acceptable): 120 E. Martin Luther King Jr. Blvd.
 City: Tampa FL Zip Code: 33603

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, the registered agent.

SIGNATURE: *Robert D. Tolbert Jr.* DATE: 04-27-04

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOLBERT, ROBERT D JR 3018 US HWY 301 N., SUITE 110 TAMPA, FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO, CHARLES 3018 US HWY 301 N., SUITE 110 TAMPA, FL 33619 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert D. Tolbert Jr.* DATE: 4-27-04 DAYTIME PHONE #: (813)246-4961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Tolbert Jr. President