2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F98000005043

1. Entity Name

MOBILE DREDGING & PUMPING CO.



Jan 18, 2005 08:00 AM **Secretary of State**

FILED

Principal Place of Business 3100 BETHEL ROAD CHESTER, PA 19013

Mailing Address

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

3100 BETHEL ROAD CHESTER, PA 19013



01112005

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-1644245

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

SIGNATURE:

DO NOT WRITE

PLANTATION, FL 33324			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, typed or printed name of registered agent and title if applicable (NOTE Registered A			gent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🖂	\$5.00 May Be Added to Fees	-	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, HOWARD A 1401 N. CREEK ROAD CHADDS FORD, PA 19317			100000184917 01/20/05-80052-003 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VETTER, JERRY 341 OXFORD ROAD NORRISTOWN, PA			DO NOT WRITE IN THIS SPACE		
THE NAME STREET ADDRESS CITY-ST-ZIP	S WAYMAN, GAIL 1601 KINGS HIGHWAY COATSVILLE, PA					
TITLE NAME SIFEET ADDRESS CITY-SI-ZIF	T LETTON III, JAMES M 619 MORGAN AVE PALMYRA, NJ					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	CD HEMMELSTEIN, JULIUS L 2500 WEST ARTHINGTON ST. CHICAGO, IL					
THEE NAME SINGE CACIDNESS CITY 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 execute 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 trustes 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 attachyre bush an address, with evidence the empowered.						