


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90039 036 \*\*\*150.00

0000000000 J26576 1. Entity Name <b>GROUNDWATER PROTECTION, INC.</b>	
--	---

Principal Place of Business 1824 W WASHINGTON ORLANDO, FL 32805 US	Mailing Address 1824 W WASHINGTON ORLANDO, FL 32805 US
--	--

2. Principal Place of Business Suite, Apt. #. etc.	3. Mailing Address Suite, Apt. #. etc.
City & State	City & State
Zip Country	Zip Country



01052004 0000 00 00 0000000000

4. FEI Number <b>59-2717836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 00000000 0000000000

6. Name and Address of Current Registered Agent  <b>SHUTTS, BRIAN L</b> <b>1824 W. WASHINGTON STREET</b> <b>ORLANDO, FL 32805</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 00000000 0000000000
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUTTS, BRIAN L 1824 W. WASHINGTON ST ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shutts, Brian L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLERTON, TOD H 1824 W. WASHINGTON ST ORLANDO, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRATCHER, RANDALL J 1824 W. WASHINGTON ST ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bratcher, Randall J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Brian Shutts, President 3/5/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #