## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # K72190 GROUNDWATER SERVIC		04-19-2004 90318 030 ***158.75					
Principal Place of Business 3018 US HWY 301N STE 100 TAMPA, FL 33619 US		Mailing Address 3018 US HWY 301 N STE 100	ì		ฮ	4006	b21	
2. Principal P 120 E. 1	lace of Business Martin Luther King Jr Blv	Luther King Ji	Blvailli			I III III III III III III III III III	<b>[</b>	
Suite, Apt.	#, etc	Suite, Apt#, etc		01062004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		4. FEI Number	20		_ <del>           </del>	lied For
Zip Country		Zip Country		59-2937930   Not Applicable    5. Certificate of Status Desired				
Zip 33603		33603	USA			XXI Ė	e Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Ad	dress of New Re	gistered A	jent	
	, ROBERT D.	Rol	Robert D. Tolbert Jr.  Street Address (P.O. Box Number is Not Acceptable)					
3018 UW I STE 100	HWY 301 N	Silver Address	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33619			120 E. I	120 E. Martin Luther King Jr. Blvd.				
			City <b>Tamp</b> o	<b>a</b>	<del></del>	FL	Zip Code	33603
	named entity submits this statement for	the purpose of changing its reg	istered office or registe	ered agent, or both, in	n the State of Flor	ida. I am fa	miliar with, a	ind accept
ine congat	ions of registered agent. Kibut V. Jubut	<b>a</b>			۵	1/06/04		
SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE								
		J a Stanting Composing to		- 00				
	E NOW!!! FEE.IS \$150.00. ay 1, 2004 Fee will be \$550.0			ded to Fees	•		· <del></del>	<del>-</del>
10.	OFFICERS AND I	DIRECTORS  Delete	TITLE	ADDITIONS/CH.	ANGES TO OFFIC		DIRECTORS  Change	IN 11
NAME	TOLBERT, ROBERT D JR	□ Detete	NAME				Onlings	LT Addition
STREET ADDRESS	4521 W CULBREATH AVE		STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33609 STD	□ A-Joh	CITY-ST-ZIP		<del></del>		Change	☐ Addition
NAME	OTERO, CHARLES A.	☐ Delete	NAME				Change	
STREET ADDRESS	18218 CLEAR LAKE DRIVE		STREET ADDRESS					
CITY-ST-ZIP TITLE	LUTZ, FL	☐ Delete	CITY-ST-ZIP TITLE			*	Change	☐ Addition
NAME		∟ Delate	NAME .	-				
STREET ADDRESS		-	STREET ADDRESS					
CITY-ST-ZIP		Delete	CITY-ST-ZIP				Change	☐ Addition
NAME		LLI Delete	NAME				change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY_ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME		Scioic	NAME				_ onenge	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•	No. 12 19			
TITLE :		☐ Delete , ,.	TITLE				☐ Change	Addition
NAME	Adv.	· DCIDIO , 1,	NAME	ì				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP.					
	L certify that the information supplied with I on this report or supplemental report is	this filing does not qualify for the		Section 119.07(3)(i). F	lorida Statutes, L	further certi	v that the int	formation

er 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 with an address, with all other like empowered.

01/06/04