

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90418 008 ***150.00

DOCUMENT # L06624

1. Entity Name
NAUTILUS ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
**13620 GOLF COURSE ROAD
PARRISH, FL 34219**

Mailing Address
**P. O. BOX 792
PARRISH, FL 34219**

44051455



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0139388

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNDY, OTTO M.			NAME			
STREET ADDRESS	4218 18 AVE W			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP			
TITLE	EVPO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNDY, MICHAEL M.			NAME			
STREET ADDRESS	5508 78 AVE. E			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP			
TITLE	JVSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNDY, OTTO S.			NAME			
STREET ADDRESS	1308 E. POINSETTIA AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNDY, PATRICIA ANN			NAME			
STREET ADDRESS	4218 18 AVE W.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEELER, STEPHEN			NAME			
STREET ADDRESS	26640 PLAYERS CIRCLE #5			STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #