

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90114 049 ***150.00

DOCUMENT # L09540 1. Entity Name FLORIDA METER SERVICE, SALES & CALIBRATION, INC.			
Principal Place of Business % ANDREW RUTHERFORD 704 S EVERS ST PLANT CITY, FL 33566		Mailing Address % ANDREW RUTHERFORD 704 S EVERS ST PLANT CITY, FL 33566	
2. Principal Place of Business 704 S. Evers St.		3. Mailing Address 704 S. Evers St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Plant City, FL		City & State Plant City, FL	
Zip 33563		Zip 33563	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-2967326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUTHERFORD, ANDREW 6661 24 ST N TAMPA, FL 33610		7. Name and Address of New Registered Agent Name Rutherford, Andrew Street Address (P.O. Box Number is Not Acceptable) 704 S. Evers St. City Plant City FL Zip Code 33563	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTHERFORD, ANDREW III 4421 HILL DR VALRICO, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMPINEN, DAVID 12119 BUFFINGTON LANE RIVERVIEW, FL 33596	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMPINEN, JACK 9907 SIR FREDERICK ST TAMPA, FL	<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	
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: <i>Jack Lampinen</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jack Lampinen	
Date 6/30/04		Daytime Phone # 813 752 1567	