2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N35930

1. Entity Name
THE NATIONAL INSTITUTE FOR STORAGE TANK MANAGEMENT, INC.

Principal Place of Business	*Mailing Address*
3176 SHOAL LINE BLVD. SPRING HILL, FL 34607	3176 SHOAL LINE BLVD. SPRING HILL, FL 34607

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04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0170282
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE MARTINI, JAMES
3176 SHOAL LINE BLVD.
SPRING HILL, FL 34607

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE MARTINI, JAMES
STREET ADDRESS	3176 SHOAL LINE BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D
NAME	DE MARTINI, JOE
STREET ADDRESS	3176 SHOAL LINE BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D
NAME	EARLEY, DORIS
STREET ADDRESS	3176 SHOAL LINE BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D
NAME	CHLANDA, TERRY
STREET ADDRESS	3176 SHOAL LINE BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80124-019 70.00

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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 617, 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: Jim DeMartini 4/30/05 800-827-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #