


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000017337</b> 1. Entity Name AIRPORT WATERBLASTING SERVICES, INC.																													
Principal Place of Business 883 WEST GRANADA BLVD ORMOND BEACH FL 32174			Mailing Address 883 WEST GRANADA BLVD ORMOND BEACH FL 32174																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number <b>59-3632817</b>																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																											
6. Name and Address of Current Registered Agent  <b>BROCKENBOURGH, SHARON</b> <b>883 WEST GRANADA BLVD</b> <b>ORMOND BEACH FL 32174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																									
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 reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALMOND, RICHARD P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>32 GREENVALE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORMOND BEACH FL 32174</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U000000046983</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>02/12/04-80022-013 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	ALMOND, RICHARD P		STREET ADDRESS	32 GREENVALE DR		CITY - ST - ZIP	ORMOND BEACH FL 32174		TITLE	U000000046983	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	02/12/04-80022-013 150.00		STREET ADDRESS			CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete																											
NAME	ALMOND, RICHARD P																												
STREET ADDRESS	32 GREENVALE DR																												
CITY - ST - ZIP	ORMOND BEACH FL 32174																												
TITLE	U000000046983	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	02/12/04-80022-013 150.00																												
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS 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]* x 2/09/04 386-673-3098

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