

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **P 000000 031325**

1. Entity Name

Able Dewatering, Inc.



FILED

11 MAY 16 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

1732 Wise Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3516

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Zephyrhills FL

City & State

Plant City FL

4. FEI Number

59-3637654

Applied For

Not Applicable

Zip

33540

Country

USA

Zip

33563

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Thomas G. Sheffield**

Street Address (P.O. Box Number is Not Acceptable)

1732 Wise Road

City

Zephyrhills

FL

Zip Code

33540

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

adigs12@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Thomas G. Sheffield**
STREET ADDRESS **1732 Wise Road**
CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **Secretary/Treasurer**
NAME **Branda K. Sheffield**
STREET ADDRESS **1732 Wise Road**
CITY-ST-ZIP **Zephyrhills FL 33540**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Thomas G. Sheffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-11

DATE

813-478-8423

Daytime Phone #