2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 21, 2005 8:00 am **Secretary of State** DOCUMENT # P0000061719 1. Entity Name 02-21-2005 90085 041 ***150.00 INFLOW & INFILTRATION, INCORPORATED Principal Place of Business Mailing Address 2580 ELYRIA AVENUE LARGO FL 33770 2580 ELYRIA AVENUE LARGO FL 33770 2. Principal Place of Business 1601 BELLROSE DR N 1601 BELLROSE DR N Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For CLEARWATER 59-3654768 LEARWATER Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Defete TITLE Addition HOLBROOK, EDWARD L NAME NAME 1601 BELLROSE DA N CLEARWATER, FL 33756 2580 ELYRIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL-33770 CITY-ST-ZIP **VSTD** Change TITLE ☐ Delete TITLE ☐ Addition NAME HOLBROOK, LOIS J 1601 BELLROSE DRN 2580 ELYRIA AVENUE STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33756 LARGO EL 33770 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED