2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042093

Name:

Address:

City-St-Zip:

FILED Jul 20, 2004 Secretary of State

Entity Na	me: NATIONA	AL EROSION CONTROL, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
512 WEST BRANNEN ROAD LAKELAND, FL 33813				3010 WATERFIELD CIRCLE LAKELAND, FL 33803	
Current Mailing Address:			New Mailing Address:		
512 WEST BRANNEN ROAD LAKELAND, FL 33813			3010 WATERFIELD CIRCLE LAKELAND, FL 33803		
FEI Number	: 59-3711670	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
4740 CLE	AIRTH, JR. VELAND HEIG D, FL 33813	HTS BOULEVARD US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	tered office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (WEITZ, JOHN POST OFFICE VILLA RICA, G	BOX 727	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	V (BARDEN, LOW 512 W. BRANN LAKELAND, FL	IEN RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (GOLDEN, DAV 512 W. BRANN LAKELAND, FL	IEN RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	() Delete	Title: T	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WEITZ, LORÈTTA E

PO BOX 727 VILLA RICA, GA 30180

SIGNATURE: JOHN M. WEITZ, JR. D 07/20/2004