

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90029 014 ***150.00

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1. Entity Name

NATIONAL EROSION CONTROL, INC.



Principal Place of Business

**3010 WATERFIELD CIRCLE
LAKELAND FL 33803**

Mailing Address

**3010 WATERFIELD CIRCLE
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)



4. FEI Number

59-3711670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**H. ADAM AIRTH, JR.
4740 CLEVELAND HEIGHTS BOULEVARD
LAKELAND FL 33813**

Name

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

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WEITZ, JOHN M JR.**
CITY- ST- ZIP **POST OFFICE BOX 727
VILLA RICA GA 30180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BARDEN, LOWELL N**
CITY- ST- ZIP **512 W. BRANNEN RD.
LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3010 waterfield circle**
CITY- ST- ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **GOLDEN, DAVID R**
CITY- ST- ZIP **512 W. BRANNEN RD.
LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3010 waterfield circle**
CITY- ST- ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WEITZ, LORETTA E**
CITY- ST- ZIP **PO BOX 727
VILLA RICA GA 30180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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:

Lowell N. Barden **LOWELL N. BARDEN** 4Apr05 803-609-9031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #