

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042093

Entity Name: NATIONAL EROSION CONTROL, INC.

FILED  
Jan 06, 2009  
Secretary of State

## Current Principal Place of Business:

NATIONAL EROSION CONTROL  
3010 WATERFIELD CIRCLE  
LAKELAND, FL 33803

## New Principal Place of Business:

## Current Mailing Address:

3010 WATERFIELD CIRCLE  
LAKELAND, FL 33803

## New Mailing Address:

NATIONAL EROSION CONTROL  
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:

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

## Name and Address of New Registered Agent:

H. ADAM AIRTH, JR.  
500 S. FLORIDA AVE  
SUITE 800  
LAKELAND, FL 33801 US

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.

SIGNATURE:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEITZ, JOHN SR  
Address: 6162 AMHURST CT  
City-St-Zip: VILLA RICA, GA 30180

Title: V ( ) Delete  
Name: BARDEN, LOWELL N  
Address: 3010 WATERFIELD CIRCLE  
City-St-Zip: LAKELAND, FL 33803

Title: V ( ) Delete  
Name: GOLDEN, DAVID R  
Address: 3010 WATERFIELD CIRCLE  
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete  
Name: WEITZ, LORETTA E  
Address: 6162 AMHURST CT  
City-St-Zip: VILLA RICA, GA 30180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LOWELL N. BARDEN

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date