

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000105496
 1. Entity Name
D.C. TANK MAINTENANCE, INC.



Principal Place of Business Mailing Address
 11551 NW MCCLENDON LANE 11551 NW MCCLENDON LANE
 ALTHA, FL 32421 ALTHA, FL 32421



DO NOT WRITE IN THIS SPACE

03232004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3753684 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CUTCHEN, DAVID A
 11551 NW MCCLENDON LANE
 ALTHA, FL 32421

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CUTCHEN, DAVID A
STREET ADDRESS	11551 NW MCCLENDON LANE
CITY-ST-ZIP	ALTHA, FL 32421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/29/04-80008-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1(9.07(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: *David A. Cutchen* **David A. Cutchen** **03/26/2004** **(850)209-5295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #