


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 28, 2005 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**



03032005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3753684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CUTCHEN, DAVID A  
 11551 NW MCCLENDON LANE  
 ALTHA, FL 32421

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	

100000278921  
 03/28/05-80045-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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      Date: 03/25/2005      Daytime Phone #: (850) 209-1310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR