


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90040 042 \*\*\*150.00


<b>DOCUMENT # P02000006771</b>	
1. Entity Name <b>TOTAL MICROBIAL SYSTEMS INC.</b>	

Principal Place of Business <b>245 WALK-IN-WATER ROAD LAKE WALES, FL 33898</b>	Mailing Address <b>245 WALK-IN-WATER ROAD LAKE WALES, FL 33898</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent  <b>WEAVER, JAMES M 240 PARK AVENUE LAKE WALES, FL 33853-3706</b>	
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02032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3589582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NESBITT, TERRANCE M 245 WALK-IN-WATER ROAD LAKE WALES, FL 33898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCULLUM, STEVEN M 7132 SCENIC HILLS BLVD LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: <b>6-2-04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

*Attachment*

***Bunting, Tripp & Ingley, LLP***

CERTIFIED PUBLIC ACCOUNTANTS

*A Tradition of Excellence for Over Seventy Years*

Roger A. Ingley, CPA  
David C. Ullman, CPA  
Dwight L. Reeves, CPA  
Michelle G. Hurst, CPA  
David W. Allen, CPA

L.A. Wheeler, III, CPA  
Paul T. Swygert, CPA  
William M. Jacobs, CPA  
Maryann Ruttenbur, CPA

# P02000006771  
230 East Tillman Avenue

P.O. Box 990  
Lake Wales, FL 33859-0990  
863/ 676-7981  
FAX 863/ 676-8899  
e-mail: bttcpa@gte.net

Also with offices in  
Tampa, Florida

February 3, 2004

Total Microbial Systems, Inc.  
245 Walk-In-Water Road  
Lake Wales, FL 33898

Enclosed is your 2004 Annual Report for Profit Corporation. Please review the form for correctness, sign and date where indicated, attach check for \$150.00 (payable to Florida Department of State), and mail via certified/return receipt **prior to May 1, 2004**, to the address below:

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500