

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90053 003 ***150.00

DOCUMENT # P02000110324

1. Entity Name
ARMSTRONG WASTEWATER SERVICES, INC



Principal Place of Business
**2161 LITTLE BROOK LANE
CLEARWATER, FL 33763**

Mailing Address
**2161 LITTLE BROOK LANE
CLEARWATER, FL 33763**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2063410

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARMSTRONG, GARY T
2161 LITTLE BROOK LANE
CLEARWATER, FL 33763**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, GARY T 2161 LITTLE BROOK LANE CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMSTRONG, DEBORAH J 2161 LITTLE BROOK LANE CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ARMSTRONG, DEBORAH J 2161 LITTLE BROOK LANE CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ARMSTRONG, GARY T 2161 LITTLE BROOK LANE CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05

Date

727-736-6294

Daytime Phone #