2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0300000134

Entity Name: BLAIR WATER CONDITIONING OF TAMPA BAY, INC.

FEI Number Applied For ()

FILED Jan 18, 2004 Secretary of State

Certificate of Status Desired ()

Current Principal Place of Business:	New Principal Place of Business:
970 HARBOR LAKE DRIVE SAFETY HARBOR, FL 34695	
Current Mailing Address:	New Mailing Address:
970 HARBOR LAKE DRIVE SAFETY HARBOR, FL 34695	

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MESICK, DONALD M
970 HARBOR LAKE DRIVE
SAFETY HARBOR, FL 34695

MESICK, DONALD M
1754 HICKORY GATE DRIVE SOUTH
DUNEDIN, FL 34698

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.

FEI Number Not Applicable ()

SIGNATURE: DONALD M. MESICK 01/18/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

FEI Number: 55-0817898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MESICK, CARL F JR MESICK, CARL F JR Name: Name: 970 HARBOR LAKE DRIVE 970 HARBOR LAKE DRIVE Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Title: Title: (X) Change () Addition () Delete Name: MESICK, DONALD M Name: MESICK, DONALD M 970 HARBOR LAKE DRIVE 1754 HICKORY GATE DRIVE SOUTH Address: Address: SAFETY HARBOR, FL 34695 DUNEDIN, FL 34698 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: GERHART, GREGG Name: 507 EDGEWATER PLACE BLVD. Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33615 US

Title: () Delete Title: T () Change (X) Addition
Name: MESICK, ANGELA M
Address: 1754 HICKORY GATE DRIVE SOUTH

City-St-Zip: City-St-Zip: DUNEDIN, FL 34698 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD M. MESICK P 01/18/2004