## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## Jan 30, 2004 8:00 am Secretary of State ANNUAL REPORT 01-30-2004 90063 030 \*\*\*150.00 **DOCUMENT # P30720** 1. Entity Name ALLWASTE TANK CLEANING, INC. 44005871 Principal Place of Business Mailing Address 5151 SAN FELIPE 5151 SAN FELIPE **SUITE 1600 SUITE 1600** HOUSTON, TX 77056 HOUSTON, TX 77056 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 58-1615191 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be. i (ir FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.512 0.75 11. TREASURER TITLE ☐ Defete TITLE ☐ Change Addition DAVID ANDRENS NAME RECATTO, BRIAN NAME 5151 SAN FEU PE , # 1600 STREET ADDRESS 5151 SAN FELIPE, STE 1600 STREET ADDRESS C#TY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP HOUSTON ITL 77056 VΡ Delete TITLE ☐ Change TITLE Addition NAME THURSTON, PHIL NAME 5151 SAN FELIPE, SUITE 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77056 TITLE ☐ Delete TITL F ☐ Change Addition HUSTON, DEBORAH NAME NAME STREET ADDRESS 5151 SAN FELIPE, SUITE 1600 STREET ADORESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠΠF ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trigstee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

1-20-04

713-623-8777

Deborah Huston