2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P32661

1. Entity Name

HYDROBLASTING, INC.

MOORE   CR2E034 (11/03)

Principal Place of Business	Mailing Address
3000 HWY 37 S. MULBERRY FL 33860	PO BOX 526 MULBERRY FL 33860

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **NO-T APPLICABLE**   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, JAMES G 3000 HWY 37 SOUTH MULBERRY FL 33860 **PAID MAY 1 0 2004**	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 : _____
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCOO	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MURPHY, JAMES G		NAME			
STREET ADDRESS	3000 HWY 37 S		STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BELTRAN MURPHY, SARA		NAME			
STREET ADDRESS	3000 HWY 37 SOUTH		STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	*VICE PRESIDENT*	☐ Change	☒ Addition
NAME			NAME	*RONALD A. CASTONGUAY*		
STREET ADDRESS			STREET ADDRESS	*3000 HWY 37 SOUTH*		
CITY-ST-ZIP			CITY-ST-ZIP	*MULBERRY, FL 33860*		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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 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: *James G Murphy*   2/9/04   863 425-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date   Daytime Phone #