

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90045 029 ***158.75

DOCUMENT # P93000036359

1. Entity Name

NATIONAL METER & BACK FLOW SERVICES INC.



Principal Place of Business

2393 NE 172ND ST
APT 1
NO MIAMI BEACH FL 33160

Mailing Address

2393 NE 172ND ST
APT 1
NO MIAMI BEACH FL 33160

2. Principal Place of Business

2208 Peninsular Drive

3. Mailing Address

2208 Peninsular Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City Florida

City & State

Haines City Florida

Zip 33844

Country Polk

Zip 33844

Country Polk

4. FEI Number

65-0397321

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLYCARPO, STEPHEN
2393 NE 172ND ST
NO MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Stephen Polycarpo

Street Address (P.O. Box Number is Not Acceptable)

2208 Peninsular Drive

City

Haines City

FL

Zip Code 33844

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 if applicable.

(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

TITLE P ☐ Delete
NAME POLYCARPO, STEPHEN F
STREET ADDRESS 2393 NE 172 ST
CITY-ST-ZIP NO MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Stephen Polycarpo Stephen Polycarpo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-2004

863 422 2090

Date

Daytime Phone #