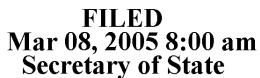
2005 FOR PROFIT CORPORATION ANNUAL REPORT



| DOCUMENT # P93000080209 1. Entity Name ENVIRONMENTAL AQUATIC CONTROL, INC. | | | | 03-08-2005 90160 050 ***150.00 | | |
|---|--|---|---------------------------------------|---|---------------------------------------|--|
| Principal Place of Business 429 10TH AVENUE WEST SUITE B PALMETTO, FL 34221 | | Mailing Address 429 10TH AVENUE WEST SUITE B PALMETTO, FL 34221 | | : FIEFIEN IN FINE FIN NEW AFT OF SEN | ANIE INII TOUR ITTI ANIE INIITI I INI | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03042005 Chg-P | CR2E034 (10/03) | |
| City & State | | City & State | | 4. FEI Number 65-0460428 | Applied For Not Applicable | |
| Zíp | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | Name | 7. Name and Address of New Registered Agent | | |
| MONTIN, GARY J 429 10TH AVENUE WEST SUITE B | | | | (P.O.: Box Number is Not Acceptable |) | |
| PALMETTO, FL 34221 | | 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 obligations of registered agent. | | | | | | |
| SIGNATURE | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Acquisered 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 \$5.00 May Be Added to Fees | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MONTIN, GARY J 429 10TH AVENUE WEST, SUI PALMETTO, FL 34221 | □ Delate | TITLE NAME STREET ADDRESS CIFY-SI-ZIP | | ☐ Change ☐ Addition 3 | |
| title Name Street aduress City-St-Zip | VP BURTON, MICHAEL A 429 10TH AVENUE WEST, SUI PALMETTO, FL 34221 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TIFLE NAME STREET ADDRESS GITY-ST-ZIP | STD MONTIN, ANNE E 429 10TH AVENUE WEST, SUI PALMETTO, FL 34221 | TE B | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CIFY-ST-2IP | | ☐ Change ☐ Addition | |
| TITUE NAME STREET ADDRESS CITY- ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS GITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | C Delete | TITLE NAME STREET ADDRESS CITY+ST-ZIP | | ☐ Change ☐ Addition | |
| 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 eath; 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. | | | | | | |