

FILED**Apr 12, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P94000039118**

1. Entity Name

BACKFLO TESTING COMPANY, INC.



Principal Place of Business

1901 BEARVIEW DR
APOPKA, FL 32703 US

Mailing Address

1901 BEARVIEW DR
APOPKA, FL 32703 US

01052004 No Chg-P CR2E034 (10/03)

4. FCI Number
59-3248788Approved For
Not Approved5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FOSSA, LINDO JR
1901 BEARVIEW DRIVE
APOPKA, FL 32703**DO NOT WRITE
IN THIS SPACE**

I, The above named entity, submit 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

I, the undersigned, being duly sworn, depose and say that the foregoing is true and correct.

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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Section Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FOSSA, LINDO JR
STREET ADDRESS	1901 BEARVIEW DR
CITY ST ZIP	APOPKA, FL 32703
TITLE	VPS
NAME	FOSSA, LINDO JR.
STREET ADDRESS	1901 BEARVIEW DR
CITY ST ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/12/04-80101-008 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 either of them empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDO FOSSA JR

4-8-04 CEO

President