

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000059826

1. Entity Name
HYDRO-ENVIRONMENTAL ASSOCIATES, INC.



Principal Place of Business
**10014 N. DALE MABRY HWY
STE 205
TAMPA, FL 33618**

Mailing Address
**10014 N. DALE MABRY HWY
STE 205
TAMPA, FL 33618 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3263891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEINSTEIN, DAVID B ESQ
625 E TWIGGS ST
STE 100
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, CARL R.L.
STREET ADDRESS	10014 N. DALE MABRY HWY #205
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	V
NAME	JONES, KENNETH C
STREET ADDRESS	10014 N. DALE MABRY HWY #205
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	S
NAME	JONES, JULIA A
STREET ADDRESS	10014 N. DALE MABRY HWY - #205
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	T
NAME	DECAMP-BROWN, JAN
STREET ADDRESS	10014 N. DALE MABRY HWY #205
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: *Carl R.L. Brown* **2-24-05 813-969-6995**
SIGNATURE AND ADDRESS ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #