2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AN
Secretary of State

	ANNOAL	te: Oiti	,	3	Jan .	10, 200 / 00:00	١.
DOCUMENT # P9400073389 1. Entity Name PHOENIX DEWATERING, INC.				Secretary of Stat			
Principal Plac	ce of Business	Mailing Address	·	-			
1980 N CAM		P.O. BOX 952742	***				
SANFORD, F	L 32771	LAKE MARY, FL 32795					
DO NOT WRITE IN THIS SPACE				01032007	No Chg-P	CR2E034 (11/05)	
			CE	01032007			
			-	4. FEI Numb 59-327		Applied For Not Applicable	in.
						S8 75 Additional	_
				5. Cerancare	of Status Desired	- Fee Required	
	6. Name and Address of Current Re	gistered Agent				*	•
LOE, BRIA				DΩ	NOT W	RITE	
3070 W. LAKE MARY BLVD. LAKE MARY, FL 32746							
LAINE WA	NI, FE 32140		The state of the s	IN T	THIS SP	ACE	
8. The above	named entity submits this statement for the	e purpose of changing its register	L ed office or registei	red agent, or bo	ith, in the State of Flo	orida. I am familiar with, and accep	nt
	tions of registered agent.	, , ,				,	
SIGNATURE.							
	Signature, typed or printed name of registered agent and	ifie if applicable (NOTE: Registere	d Agent signature reduired	i when reinstating)		DATE	٠
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		•	
10.	OFFICERS AND DIF	RECTORS					. 7
TITLE	PD	*					
NAME STREET ADDRESS	MILES, TERRY L 1980 N CAMERON AVE						
CITY-ST-ZIP	SANFORD, FL 32771				MANAGOR	586456 50053-018 1 50.00	
TITLE			1		ulv lb/ur-t	10(129-11) 19 120°00	
NAME STREET ADDRESS	operation of the state of the s						
CITY-ST-ZIP	**************************************						
TITLE							
NAME	-						
STREET ADDRESS C/TY-ST-ZIP				DO	NOT W	RITE	
TITLE			1	171 .	THE CE	NOE	
NAME				IN	THIS SF	ACE	
STREET ADDRESS	•						
CITY-ST-ZIP							
title Name							
STREET ADDRESS	I ****						
CITY-ST-ZIP			1				
TITLE	=	* " 20% man				•	
NAME STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with this top this report or supplemental report is to	s filing does not qualify for the ex-	emptions contained	in Chapter 119), Florida Statutes. I	further certify that the information	
				received artists to the			

indicated on this report or supplemental report is true and accurate and into 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: _

SIGNATURE AND TYPES OR PRINTED MAKE OF SIGNING DEFICER OR DIRECTOR

07 407 330-70/S