

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000025064

1. Entity Name
ADVANCED PRESSURE GROUTING INCORPORATED



Principal Place of Business
8812 INDUSTRIAL DR.
TAMPA, FL 33637

Mailing Address
8812 INDUSTRIAL DR.
TAMPA, FL 33637

FILED
Feb 02, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3316953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LINSKY, MICHAEL A
601 EAST TWIGGS STREET
SUITE 200
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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GIBSON, DON 4790 WRIGHT DR. SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HICKEY, JEFFREY M 8812 INDUSTRIAL DR. TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T INGLESE, PAT 4790 WRIGHT DR. SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000026355
02/03/04-80003-023 150.00

**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)(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/04 813-985-5100