

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025644

FILED
Jan 09, 2004
Secretary of State

Entity Name: AMERICAN SOCK & DEWATERING, INC.

Current Principal Place of Business:

1731 FERN PALM DRIVE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

P.O BOX 290131
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3309036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RODNEY
1731 FERN PALM DR.
EDGEWATER, FL 32132

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, RODNEY
Address: 5809 ANTIGUA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: JONES, BARBARA
Address: 5809 ANTIGUA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: JONES, BRADLEY
Address: 133 FLAMINGO RD
City-St-Zip: EDGEWATER, FL 32141

Title: EVP () Delete
Name: MARTIN, DAVID W
Address: 14588 OLD KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA JONES

S

01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date