


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar-12, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P97000020077 |  |
| 1. Entity Name POLLUTION PREVENTION SPECIALISTS, INC. | |

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| Principal Place of Business C/O W.E.S., INC. 6389 TOWER LANE SARASOTA, FL 34240 | Mailing Address C/O W.E.S., INC. 6389 TOWER LANE SARASOTA, FL 34240 |
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0736187 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DELOACH, ANTHONY 6389 TOWER LANE SARASOTA, FL 34240 |
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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 reinstalling) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000085949 03/12/04-80003-024 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE P | DELOACH, ANTHONY 6389 TOWER LANE SARASOTA, FL 34240 |
| TITLE VP | DELOACH, LAURIE 6389 TOWER LANE SARASOTA, FL 34240 |
| TITLE NAME | STREET ADDRESS |
| CITY - ST - ZIP | |
| 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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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: *Laurie DeLoach* **3/8/04** **941 371-7617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #