2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# P99000014081

Entity Name: AMERICAN LEAK DETECTION OF NORTHWEST FLORIDA INC.

Current Principal Place of Business:

10641 TARA DAWN CIR.
PENSACOLA, FL 32534

New Principal Place of Business:

1980 W. TEN MILE RD.
PENSACOLA, FL 32534

Current Mailing Address:

10641 TARA DAWN CIR.
PENSACOLA, FL 32534

New Mailing Address:

P.O. BOX 7696
PENSACOLA, FL 32534

FEI Number: 59-3542159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, JERRI L
10641 TARA DAWN CIR.
PENSACOLA, FL 32534

Name and Address of New Registered Agent:

BARNES, JERRI L
1980 W. TEN MILE RD.
PENSACOLA, FL 32534

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: 01/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARNES, WILLIAM T
Address: 10641 TARA DAWN CIR
City-St-Zip: PENSACOLA, FL 32334

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BARNES, WILLIAM T
Address: 1980 W. TEN MILE RD.
City-St-Zip: PENSACOLA, FL 32334

Title: T ( ) Change (X) Addition
Name: BARNES, JERRI L
Address: 1980 W. TEN MILE RD.
City-St-Zip: PENSACOLA, FL 32534

Title: S ( ) Change (X) Addition
Name: MILLER, MICHAEL
Address: 309 HOMELAND AVE.
City-St-Zip: CANTONMENT, FL 32533

Title: V ( ) Change (X) Addition
Name: BARNES, JASON
Address: 2121 HARRISON AVE. APT K-4
City-St-Zip: PANAMA CITY, FL 32405

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: WILLIAM T. BARNES PRES 01/30/2004
Electronic Signature of Signing Officer or Director — Date