

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90017 042 ***158.75

DOCUMENT # P99000032999	
1. Entity Name B & T WATER QUALITY CONTROL AND BACK-FLOW TESTING, INC.	



Principal Place of Business 405 W. AVENIDA DEL RIO CLEWISTON, FL 33440	Mailing Address 405 W. AVENIDA DEL RIO CLEWISTON, FL 33440
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DO NOT WRITE IN THIS SPACE

4017-1



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0914945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent B & T Water Quality Control 405 W. Avenida Del Rio Clewiston, Fl. 33440

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, KEITH D 405 W. AVENIDA DEL RIO CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, LISA G 405 W. AVENIDA DEL RIO CLEWISTON, FL 33440
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lisa G Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7-17-07</u> Daytime Phone # <u>863-983-7992</u>