

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000088442

1. Entity Name
CORROSION CONTROL CONSULTANTS & INSPECTION, INC.



Principal Place of Business
**1035 SW AUERLIA AVENUE
PORT SAINT LUCIE, FL 34953**

Mailing Address
**1035 SW AUERLIA AVENUE
PORT SAINT LUCIE, FL 34953**



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0952522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STONE, RAYMOND C
1035 SW AUERLIA AVENUE
PORT SAINT LUCIE, FL 34953**

**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**

**U000000116708
04/16/04-80078-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	TINKLENBERG, GARY L
STREET ADDRESS	3639 OAK MEADOW LANE
CITY - ST - ZIP	LOWELL, MI 49331
TITLE	P
NAME	STONE, RAYMOND C
STREET ADDRESS	1690 S.E. GREEN ACRES CIRCLE
CITY - ST - ZIP	PORT ST. LUCIE, FL 34952
TITLE	V
NAME	SMITH, LLOYD M
STREET ADDRESS	1690 S.E. GREEN ACRES CIRCLE
CITY - ST - ZIP	PORT ST. LUCIE, FL 34952
TITLE	S
NAME	STONE, JUDITH M
STREET ADDRESS	1035 SW AUERLIA AVENUE
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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]* **Raymond C. Stone** **4/13/04** **772-340-2303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #