## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NIME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 26, 2004 08:00 AM Secretary of State

· Sand Care Control	William 14				<b>.</b>		
DOCUMENT # P99000096146  1. Entity Name STEPHEN G. PINNEY, PE INC.				Secretary of State			
Principal Place of Business  1263 SW CEDAR COVE PORT SAINT LUCIE, FL 34986  Mailing Address  1263 SW CEDAR COVE PORT SAINT LUCIE, FL 34986				04202004 No Chg-P CR2E034 (10/03)  4. FE! Number Applied For S5-0956374 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE							
6. Name and Address of Current Registered Agent PINNEY. PENNEY, STEPHEN 1263 SW CEDAR COVE PORT SAINT LUCIE, FL 34986			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 act the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTA) registered Agent signature required man reinstating)  DATE						I em familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE O PINNEY, STEPHEN 1263 SW CEDAR COVE PORT SAINT LUCIE, FL 34983	CTORSss			U00000131	089 43-014 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					TANKS TO SEE SEE SEE	71	
12. I hereby of indicated of the cor changed	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee ampowere or on an attachment with an address, with a	illing does not quality for the ext and accurate and that my signs d to execute this report as requ if other like empowered.	emption stated in S ature shall have the lired by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statuti	(i), Florida Statutes. I furt ot as if made under oath; es; and that my name ap	her certify that the information that I am an officer or director pears in Block 10 or Block 11 if	