

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN -2 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S09892

1. Entity Name

ASBESTOS CERTIFIED TECHNICIANS, INC.



Principal Place of Business

6409 LAND O LAKES BLVD
LAND O LAKES, FL 34639 US

Mailing Address

6409 LAND O' LAKES BLVD.
LAND O'LAKES, FL 34639 US



03202003

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3033344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBB, E.C.
4719 TAMNEY LAN
LAND O'LAKES, FL 34639

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME E. C. WEBB
STREET ADDRESS 11905 W RIVERHAVEN DR
CITY-ST-ZIP HOMOSASSA, FL 344483730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

600037666846
06/04/04--01038--005 **550.00

DO NOT WRITE
IN THIS SPACE

Ken
6/2

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #