


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # S48251	
1. Entity Name PIT STOP PORTABLE TOILETS OF TALLAHASSEE, INC.	

Principal Place of Business 5805 TOWER RD TALLAHASSEE, FL 32303	Mailing Address 5805 TOWER RD TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3063167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DENNIS E
5805 TOWER RD
TALLAHASSEE, FL 32303

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000034953 03/24/04-80011-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, DENNIS E. 5805 TOWER RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PITTMAN, RICKEY 5805 TOWER RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOOPER, ELENA 5805 TOWER RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, MARY ALICIA 5805 TOWER RD TALLAHASSEE, FL 32303
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:  **3/19/04 850-562-6513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #