2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S62219

1. Entity Name

NADCO DEWATERING, INC.



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90241 038 ***150.00

94072163



Principal Place of Business

1980 NORTH CAMERON AVE. SANFORD, FL 32771

Mailing Address

PO BOX 953204

LAKE MARY, FL 32795-3204 US



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3075171 Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

LOE, BRIAN R

DO NOT WRITE

| 3070 WEST LAKE MARY BLVD. | | | | | |
|--|--|--|--|--|--|
| LAKE MA | RY, FL 32746 | | IN T | THIS SPACE | · · · · · · · · · · · · · · · · · · · |
| | \$ 2.00 | | | State of the state | ing the second of the second o |
| 8. The above the obliga | e named entity submits this statement for the trions of registered agent. | purpose of changing its registe | red office or registered agent, or bot | h, in the State of Florida. I am fami | iliar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Register | ed Agent signature required when reinstating) | DATE | <u> </u> |
| FIL After M | E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550.00 | 9. Election Campaign Fina Trust Fund Contribution | ncing \$5.00 May Be | | |
| 10. | OFFICERS AND DIRE | CTORS | The second secon | THE CONTRACTOR OF THE PROPERTY | \$ 200 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILES, JAMES C. 449 SILVER DEW STREET LAKE MARY, FL 32746 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T MILES, BETTY J. 449 SILVER DEW STREET LAKE MARY, FL 32746 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DÓ | NOT WRITE | |
| TITLE Name Street address City-St-Zip | | | INT | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 6 |
| mn c | - P | | | | |

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

4/27/04 407-322-4931