# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Oct 18, 2007**
**Secretary of State**

DOCUMENT# S81324

**Entity Name:** STORMWATER & UNDERGROUND, INC.

**Current Principal Place of Business:**

1514 S WASHINGTON AVE
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1514 S WASHINGTON AVE
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number: 59-3087380** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANSBY, DONALD M
1514 S WASHINGTON AVE
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DANSBY, DONALD M
Address: 1514 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: VP ( ) Delete
Name: CLEVELAND, RICHARD
Address: 1514 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: ST ( ) Delete
Name: LOCHARY, NICOLLE R
Address: 1514 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD ( ) Change (X) Addition
Name: ROBERTS, ROBI K
Address: 1514 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLLE LOCHARY ST 10/18/2007

Electronic Signature of Signing Officer or Director — Date