

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 612054

1. Entity Name
A-1 CITY WIDE SEWER SERVICE, INC.



FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90052 049 ***158.75

Principal Place of Business
6342 NE CR 326
P.O. BOX 1057
SILVER SPRINGS, FL 34488 US

Mailing Address
P.O. BOX 1057
SILVER SPRINGS, FL 34489 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1916990

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RAYMOND W.
COUNTY ROAD EAST 326
SILVER SPRINGS, FL 32688

Name
Brown, Raymond W.
Street Address (P.O. Box Number is Not Acceptable)
6342 NE CR 326
Silver Springs FL 34488
City FL Zip Code

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

Barbara M. Brown

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS BROWN, RAYMOND W.
CITY-ST-ZIP CR EAST 326
SILVER SPRGS, FL ☐ Delete

TITLE
NAME PD
STREET ADDRESS Brown, Raymond W.
CITY-ST-ZIP 6342 NE CR 326
Silver Springs FL 34488 ☒ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS BROWN, BARBARA M.
CITY-ST-ZIP CR EAST 326
SILVER SPRGS, FL ☐ Delete

TITLE
NAME STD
STREET ADDRESS Brown, Barbara M.
CITY-ST-ZIP 6342 NE CR 326
Silver Springs FL 34488 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Barbara M. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/04 352-236-4456