

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J91292					
1. Entity Name FLOW WATERJET FLORIDA CORPORATION					
Principal Place of Business 23500 - 64TH AVENUE SOUTH KENT, WA 98032			Mailing Address 23500 - 64TH AVENUE SOUTH ATTN: TAX DEPT. KENT, WA 98032		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0016972	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIGHT, STEPHEN R		NAME	200040253242	
STREET ADDRESS	23500 64TH AVENUE, SOUTH		STREET ADDRESS	08/17/04--01064--016 **550.00	
CITY-ST-ZIP	KENT, WA 98032		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENESS, JOHN S		NAME	200040253242	
STREET ADDRESS	23500 64TH AVENUE SOUTH		STREET ADDRESS	08/17/04 01064 017 **8.75	
CITY-ST-ZIP	KENT, WA 98032		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICHENBACH, STEVE		NAME		
STREET ADDRESS	23500 64TH AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	KENT, WA 98032		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			General Counsel 7/19/04 & Corporate Secretary 253-850-3500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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