## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

#### 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

### FILED Jan 13, 2005 8:00 am Secretary of State

01-13-2005 90012 001 \*\*\*300.00

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#### DO NOT WRITE IN THIS SPACE

01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0016972

.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

# DO NOT WRITE IN THIS SPACE

8. The above the obligation	named entity submits this statement for the plions of registered agent.	purpose of changing its registered	office or r	egistered agent, or both,	in the State of Florida. 1 am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIGHT, STEPHEN R 23500 64TH AVENUE, SOUTH KENT, WA 98032			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENESS, JOHN S 23500 64TH AVENUE SOUTH KENT, WA 98032					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO REICHENBACH, STEVE 23500 64TH AVENUE SOUTH KENT, WA 98032		. • •	DO 1	NOT WRITE	art e
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- •	'.		• •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	1	· ,			
12. I hereby o	ertify that the information supplied with this fil	ing does not qualify for the exemp	tion stated	in Section 119.07(3)(i), F	lorida Statutes. I further certify that the inform	nation

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, Fiorida 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 253-250-3500

Date

Daytime Phone #