


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 516788 1. Entity Name AMERICAN PUMP & SUPPLY COMPANY, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 7580-A W TENN ST TALLAHASSEE, FL 32304 | Mailing Address 7580-A W. TENN. ST. P.O.BOX 37025 TALLAHASSEE, FL 32315 US |
|--|---|



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1724508 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent INMAN, M. STEWART 7580-A W. TENNESSE STREET TALLAHASSEE, FL 32304 | DO NOT WRITE IN THIS SPACE |
|--|-----------------------------------|

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P INMAN, M. STEWART 7580 W. TENNESSEE ST. TALLAHASSEE FL. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROWE, RICHARD U. 7580 W. TENNESSEE ST. TALLAHASSEE FL. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ROWE, H. LAMAR 7580 W. TENNESSEE ST. TALLAHASSEE FL. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000580721
01/10/07-80060-006 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: M. Stewart Inman (M. Stewart Inman) 1-8-07 850-575-9618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #