


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S39541
 1. Entity Name
NEW SOUTHERN ARMATURE, PUMP & EQUIPMENT COMPANY, INC.



Principal Place of Business Mailing Address
3201 S.W. 2ND AVE. **3201 S.W. 2ND AVE.**
FT. LAUDERDALE, FL 33315 **FT. LAUDERDALE, FL 33315**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0252558 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LENFORD MCLYMONT
3201 S.W 2ND AVE.
FORT LAUDERDALE, FL 33315

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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 refreshing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS MCLYMONT, LENFORD 3201 S.W. 2ND AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTIN, CARLTON 3201 S.W. 2ND AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNSON, PAISLEY 3201 S.W. 2ND AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/23/04-80054-004 150.00

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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: *Lenford Mclymont*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04 (954)522-6738
Date Daytime Phone #