



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90048 005 ***150.00

DOCUMENT # S39541					
1. Entity Name NEW SOUTHERN ARMATURE, PUMP & EQUIPMENT COMPANY, INC.					
Principal Place of Business 3201 S.W. 2ND AVE. FT. LAUDERDALE, FL 33315		Mailing Address 3201 S.W. 2ND AVE. FT. LAUDERDALE, FL 33315		J0003340 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0252558	
Zip		Country		Applied For Not Applicable	
Zip		Country		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	
LENFORD MCLYMONT 3201 S.W 2ND AVE. FORT LAUDERDALE, FL 33315				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 offices or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ Date: _____ <small>Signature appears on the name of registered agent and file application. (P.O. Box Number is not acceptable.)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLYMONT, LENFORD		NAME		
STREET ADDRESS	3201 S.W. 2ND AVE.		STREET ADDRESS		
CITY - S - ZIP	FT. LAUDERDALE, FL		CITY - S - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, CARLTON		NAME		
STREET ADDRESS	3201 S.W. 2ND AVE.		STREET ADDRESS		
CITY - S - ZIP	FT. LAUDERDALE, FL		CITY - S - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, PAISLEY		NAME		
STREET ADDRESS	3201 S.W. 2ND AVE.		STREET ADDRESS		
CITY - S - ZIP	FT. LAUDERDALE, FL		CITY - S - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - S - ZIP			CITY - S - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - S - ZIP			CITY - S - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - S - ZIP			CITY - S - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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 provided 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: <i>Lenford M Clymont</i>			Date: 1-21-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		