

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000019112

**Entity Name:** ED'S WELLS, PUMPS AND WATER SYSTEMS INC

**FILED**  
**Jan 31, 2019**  
**Secretary of State**  
**8793617360CC**

**Current Principal Place of Business:**

15673 SOUTHERN BLVD  
#110  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15505 82ND STREET  
LOXAHATCHEE, FL 33470 US

**FEI Number: 81-1672993**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHIELDS, LES C  
685 ROYAL PALM BEACH BLVD  
205  
ROYAL PALM BEACH, FL 33411 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           HAMPSON, EDWARD  
Address       15673 SOUTHERN BLVD  
                  #110  
City-State-Zip: LOXAHATCHEE FL 33470

Title           VP  
Name           HAMPSON, MARIAN VP  
Address       15505 82ND ST N  
City-State-Zip: LOXAHATCHEE FL 33470

Title           V  
Name           HAMPSON, EDWARD  
Address       15505 82ND STREET  
City-State-Zip: LOXAHATCHEE FL 33470

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARIAN HAMPSON**

**VP**

**01/31/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date