

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # 128087

1. Entity Name

PANAMA PUMP COMPANY



Principal Place of Business

620 MEADOWLANE DRIVE
P.O. BOX 15626
HATTIESBURG MS 39404-5626
US

Mailing Address

620 MEADOWLANE DRIVE
P.O. BOX 15626
HATTIESBURG MS 39404-5626
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **64-0217940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVERETT, B E
602 1ST STREET, N.E.
HAVANA FL 32333

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 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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution: ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
PD
FREEMAN, J.S.
STREET ADDRESS
MEADOWLANE DRIVE
CITY-STATE-ZIP
HATTIESBURG MS

☐ Change ☐ Addition
NAME
U000000736523
STREET ADDRESS
05/10/07-80079-019 150.00
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
V
HALL, LYNN
STREET ADDRESS
MEADOWLAND DR
CITY-STATE-ZIP
HATTIESBURG MS 39401

☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
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CITY-STATE-ZIP

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☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John S. Freeman* **John S. Freeman** 4/23/07 601-544-4251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #