

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 358902

FILED
Feb 14, 2009
Secretary of State

Entity Name: THOMPSON PUMP AND MANUFACTURING COMPANY, INC.

Current Principal Place of Business:

4620 CITY CENTER DR.
PORT ORANGE, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 291370
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-1286389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM F
1496 HERBERT STREET
PT ORANGE, FL 32119 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CONWAY, DALE
Address: 4620 CITY CENTER DR
City-St-Zip: PORT ORANGE, FL 32119

Title: VP () Delete
Name: FARRELL, JOHN
Address: 1496 HERBERT ST
City-St-Zip: PORT ORANGE, FL 32119

Title: TD () Delete
Name: MACKEY, SHAWN TREAS
Address: 1496 HERBERT ST
City-St-Zip: PORT ORANGE, FL 32119

Title: SD () Delete
Name: THOMPSON, CHRISTOPHER SECR
Address: 1496 HERBERT STR
City-St-Zip: PORT ORANGE, FL 32119

Title: PD () Delete
Name: THOMPSON, WILLIAM F PRES
Address: 2 SUNNY PINES CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: TAVAKOLI, MAJID
Address: 1496 HERBERT ST
City-St-Zip: PORT ORANGE, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHAWN MACKEY

TRES

02/14/2009

Electronic Signature of Signing Officer or Director

Date