2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# 434205

Entity Name: CORBIN WELL PUMP AND SUPPLY, INCORPORATED

Current Principal Place of Business:

4363 W. CARDINAL STREET
P.O. BOX 725
HOMOSASSA, FL 344470725 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 725
HOMOSASSA SPRINGS, FL 344470725 US

New Mailing Address:

FEI Number: 59-1494117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERLANDSON, JOHN B., JR.
4088 SO. KINDNESS PT.
HOMOSASSA, FL 34446 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ERLANDSON, JOEL T,
Address: 2116 S BOLTON AVE
City-St-Zip: HOMOSASSA, FL 34448

Title: TD ( ) Delete
Name: ERLANDSON, JOHN B JR,
Address: 4088 S KINDNESS POINT
City-St-Zip: HOMOSASSA, FL 34446

Title: PD ( ) Delete
Name: ERLANDSON, MADELINE, N
Address: 4279 S CENTENNIAL AVE
City-St-Zip: HOMOSASSA SPRINGS, FL

Title: VD ( ) Delete
Name: LABELLE, JOHN S.,
Address: 5510 W KEATING COURT
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: ERLANDSON, MADELINE, N
Address: 2116 S. BOLTON AVE.
City-St-Zip: HOMOSASSA, FL 34448

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MADELINE N. ERLANDSON PD 06/30/2005

Electronic Signature of Signing Officer or Director — Date