

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 434205

1. Entity Name

CORBIN WELL PUMP AND SUPPLY, INCORPORATED



Principal Place of Business
**4363 W. CARDINAL STREET
P.O. BOX 725
HOMOSASSA FL 34447-0725
US**

Mailing Address
**P.O. BOX 725
HOMOSASSA SPRINGS FL 34447-0725
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CH2E034 (10/05)

4. FEI Number **59-1494117**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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 remodeling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **ERLANDSON, JOEL T**
STREET ADDRESS **2116 S BOLTON AVE**
CITY- ST- ZIP **HOMOSASSA FL 34448**

TITLE **TD** ☐ Delete
NAME **ERLANDSON, JOHN B JR**
STREET ADDRESS **4088 S KINDNESS POINT**
CITY- ST- ZIP **HOMOSASSA FL 34446**

TITLE **PD** ☐ Delete
NAME **ERLANDSON, MADELINE N**
STREET ADDRESS **2116 S. BOLTON AVE**
CITY- ST- ZIP **HOMOSASSA FL 34448**

TITLE **VD** ☐ Delete
NAME **LABELLE, JOHN S.**
STREET ADDRESS **5510 W KEATING COURT**
CITY- ST- ZIP **HOMOSASSA FL 34448**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000453666
03/17/06-80053-016 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- 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: Madeline N. Erlandson MADELINE N. ERLANDSON 3-1-06 352 628 2074