

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 434205

FILED  
Jan 18, 2007  
Secretary of State

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:

4363 W. CARDINAL STREET  
HOMOSASSA, FL 34446 US

## 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

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: 2116 S. BOLTON AVE.  
City-St-Zip: HOMOSASSA, FL 34448

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: ( ) 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 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: MADELINE N. ERLANDSON

PD

01/18/2007

Electronic Signature of Signing Officer or Director

Date