


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # 465055 1. Entity Name SPECIALIZED PUMP CO., INC.	
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Principal Place of Business 2311 SW 57TH WAY HOLLYWOOD, FL 33023 US	Mailing Address PO BOX 3805 HOLLYWOOD, FL 33083 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1612400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AULT, FRANCES L. 2311 SW 57TH WAY HOLLYWOOD, FL 33023
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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DATE: 01/12/06-80016-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AULT, DARREN J. 2311 SW 57TH WAY HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AULT, FRANCES L. 2311 SW 57TH WAY HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRY, DONNA 2311 SW 57TH WAY HOLLYWOOD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donna Berry DONNA BERRY 1/12/06 954-967-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #