


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90270 014 \*\*\*150.00

<b>DOCUMENT # 615753</b>	
1. Entity Name <b>GRAVOIS PUMPS, INC.</b>	

Principal Place of Business <b>6273 POWERS AVE JACKSONVILLE FL 32217</b>	Mailing Address <b>6273 POWERS AVE JACKSONVILLE FL 32217</b>
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2. Principal Place of Business <b>4533 Sunbeam Road</b>	3. Mailing Address <b>4533 Sunbeam Rd</b>
Suite, Apt. #, etc. <b>302</b>	Suite, Apt. #, etc. <b>302</b>

1st MOORE CR2E034 (10/05)

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32257</b>	Zip <b>32257</b>
Country	Country

4. FEI Number <b>59-1903184</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JOHN GRAVOIS 6273 POWERS AVE JACKSONVILLE FL 32217</b>	
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7. Name and Address of New Registered Agent	
Name <b>John Gravois</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4533 Sunbeam Rd</b>	
<b>#302</b>	
City <b>Jacksonville</b>	FL Zip Code <b>32257</b>

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 **John Gravois, President** **John E Gravois** **3/14/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 **\$5.00** May Be Added to Fees  
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAVOIS, JOHN 6273 POWERS AVE JACKSONVILLE FL <b>4533 Sunbeam Rd #302 Jacksonville, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John E Gravois** President **John E Gravois** **3/14/06** **904 7318428**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #