2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #683551

1. Entity Name

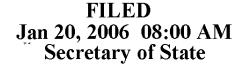
Principal Place of Business

PROFESSIONAL PUMP CORPORATION



Mailing Address

500 N.W. 77TH STREET 500 N.W. 77TH STREET BOCA RATON, FL 33487 BOCA RATON, FL 33487





DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For | Not Applied be | Not Appli

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, MARK A. 500 NW 77TH STERET BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered offici	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable [NOTE Registered Agent algorithm required when relinstiating]				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution,	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTOAS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, MARK A 2913 KEELINGWOOD COURT VIRGINIA BEACH, FL		•	//00000391685 01/24/06-80053-006 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D KELLY, CHRISTINE M 2913 KEELINGWOOD COURT VIRGINIA BEACH, FL			01/24/00-00033-000 130.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VTS KELLY, CHRISTINE M 2913 KEELINGWOOD COURT VIRGINIA BEACH, FL		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, ROBERT O 2120 SE HERRON AVE PORT SAINT LUCIE, FL 34952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				endete — en	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			en e	, · · · · · · · · · · · · · · · · · · ·	

12. I hereby certify that the information supplied with this filling 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:

KALLY KOBERTO MURPHY
SIGNATURE AND TYPED OF PRINTED JOHN OF SIGNING OFFICER OR DIRECTOR

10/06

561-289-4511

Daytime Phone #