

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 683551

1. Entity Name
PROFESSIONAL PUMP CORPORATION



Principal Place of Business
**500 N.W. 77TH STREET
BOCA RATON, FL 33487**

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



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2037461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLY, MARK A
STREET ADDRESS 2913 KEELINGWOOD COURT
CITY-ST-ZIP VIRGINIA BEACH, FL

TITLE D
NAME KELLY, CHRISTINE M
STREET ADDRESS 2913 KEELINGWOOD COURT
CITY-ST-ZIP VIRGINIA BEACH, FL

TITLE VTS
NAME KELLY, CHRISTINE M
STREET ADDRESS 2913 KEELINGWOOD COURT
CITY-ST-ZIP VIRGINIA BEACH, FL

TITLE V
NAME MURPHY, ROBERT O
STREET ADDRESS 2120 SE HERRON AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000391685
01/24/06-80053-006 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT O MURPHY

1/10/06

Date

561-289-4511

Daytime Phone #