

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90025 004 ***150.00

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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**

90025004



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2037461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, MARK A.
500 NW 77TH STREET
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, 2007 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, VA 23454
TITLE	D
NAME	KELLY, CHRISTINE M
STREET ADDRESS	2913 KEELINGWOOD COURT
CITY-ST-ZIP	VIRGINIA BEACH, VA 23454
TITLE	VTS
NAME	KELLY, CHRISTINE M
STREET ADDRESS	2913 KEELINGWOOD COURT
CITY-ST-ZIP	VIRGINIA BEACH, VA 23454
TITLE	V
NAME	MURPHY, ROBERT O
STREET ADDRESS	2120 SE HERRON AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	V
NAME	Donnelly, Ardsley
STREET ADDRESS	4761 NW 2nd Ct
CITY-ST-ZIP	Boca Raton FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Christine M Kelly **Christine M. Kelly** *2/16/07* *773 318-9444*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #