2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2005 08:00 AM DOCUMENT # F25212 **Secretary of State** 1. Entity Name CHAMPION WELL AND PUMP SERVICE, INC. Principal Place of Business Mailing Address 2080 INDIAN RD 2080 INDIAN ROAD WEST PALM BEACH FL 33409 US WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business... Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2090524 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMPION, A. HARRELL Street Address (P.O. Box Number is Not Acceptable) 2080 INDIAN ROAD WEST PALM BEACH FL 33409 City Zip Code 3. 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition DP TITLE ☐ Delete HILL CHAMPION, A HARRELL NAME NAME 2080 INDIAN ROAD STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CUY-SE-7IP CHY-51-7IP UNAAAA 198438 01/27/05-80051-009□1999900 □ Addition THE Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition THE ШЕ Delete NAME NAME STREET ADDRESS SERRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition HILE ☐ Change ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE mu NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-7IP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

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