

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90059 041 ***150.00

DOCUMENT # G96234

1. Entity Name

J. R. PUMP SERVICE, INC.



Principal Place of Business

109 CORAL RD.
VENICE FL 34293
US

Mailing Address

PMB # 152
2357-3 S TAM. TR.
VENICE FL 34293-5022
US

2. Principal Place of Business

2177 EWING DR.

3. Mailing Address

Suite, Apt. #, etc.

VENICE, FL

City & State

34292 US

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2397475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, MILLARD
109 CORAL RD.
VENICE FL 34293

7. Name and Address of New Registered Agent

Name CAMPBELL, MILLARD

Street Address (P.O. Box Number is Not Acceptable)

2177 EWING DR

VENICE

City

FL

34292

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME CAMPBELL, MILLARD
STREET ADDRESS 109 CORAL RD.
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE DS
NAME CAMPBELL, CONNIE
STREET ADDRESS 109 CORAL RD.
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE T
NAME CAMPBELL, MONTE
STREET ADDRESS 4621 BONITA RD
CITY-ST-ZIP VENICE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME CAMPBELL, MILLARD
STREET ADDRESS 2177 EWING DR
CITY-ST-ZIP VENICE FL 34292 ☒ Change ☐ Addition

TITLE DS
NAME CAMPBELL, CONNIE
STREET ADDRESS 2177 EWING DR
CITY-ST-ZIP VENICE FL 34292 ☒ Change ☐ Addition

TITLE T
NAME CAMPBELL, MONTE
STREET ADDRESS 2177 EWING DR
CITY-ST-ZIP VENICE, FL 34292 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

2-8-05 941-488-5450