

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # G96234

1. Entity Name

J. R. PUMP SERVICE, INC.

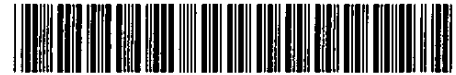


Principal Place of Business

2177 EWING DR
VENICE FL 34292
US

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

CAMPBELL, MILLARD
2177 EWING DR
VENICE FL 34292

Name

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

City

FL

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, 2007 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
NAME: DPT
CAMPBELL, MILLARD
STREET ADDRESS: 2177 EWING DR
CITY-STATE-ZIP: VENICE FL 34292 ☐ Delete

TITLE
NAME: DS
CAMPBELL, CONNIE
STREET ADDRESS: 2177 EWING DR
CITY-STATE-ZIP: VENICE FL 34292 ☐ Delete

TITLE
NAME: T
CAMPBELL, MONTE
STREET ADDRESS: 2177 EWING DR
CITY-STATE-ZIP: VENICE FL 34292 ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000622204
CITY-STATE-ZIP: 02/13/07-80016-024 150.00

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Millard Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-07 941-488-5450