

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H00467						
1. Entity Name SUE'S PUMPS, INC.						
Principal Place of Business 360 WYMORE RD ALTAMONTE SPRINGS, FL 32714	Mailing Address 360 WYMORE RD ALTAMONTE SPRINGS, FL 32714	 02222006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-2401055</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2401055	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent REESER, MORGAN T 814 HAMMONVILLE RD POMPANO BEACH, FL 33060		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	DV	DO NOT WRITE IN THIS SPACE 100000455080 03/15/06-80042-002 150.00				
NAME	REESER, DICK M					
STREET ADDRESS	3700 NE CENTER AVE					
CITY-ST-ZIP	FT LAUDERDALE, FL					
TITLE	DP					
NAME	REESER, DENNIS I.					
STREET ADDRESS	253 HAMPTON PLACE					
CITY-ST-ZIP	WINTER PARK, FL					
TITLE	ST					
NAME	REESER, MORGAN I					
STREET ADDRESS	814 HAMMONVILLE RD					
CITY-ST-ZIP	POMPANO BEACH, FL 33060					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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: <u>Dennis I Reeser</u> <u>2/28/06</u> <u>407-774-1336</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						