


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H07126 1. Entity Name BARNEY'S PUMPS, INC. OF JACKSONVILLE	
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Principal Place of Business 11306 BUSINESS PARK BLVD. JACKSONVILLE, FL 32241	Mailing Address 3907 HWY 98 SOUTH P.O. BOX 3529 LAKELAND, FL 33813-4268 US
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2424133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RICHING, GREG 3905 HIGHWAY 98 SOUTH LAKELAND, FL 33801

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DMC CURLS, JOHNNIE M. 3905 HIGHWAY 98 SOUTH LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICHING, GREG 3907 HIGHWAY 98 SOUTH LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000395408 01/26/06-80051-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: GREG RICHING 1/19/06 (FEB) 605-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #