


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

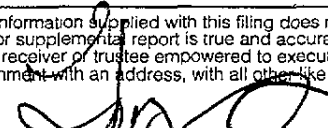
**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

|   |                       |                                 |   |   |                                   |           |          |
|---|-----------------------|---------------------------------|---|---|-----------------------------------|-----------|----------|
| <b>DOCUMENT # H40388</b>  |                       |                                 |   |  |                                   |           |          |
| 1. Entity Name<br>D & E PUMP SALES & SERVICE, INC.  |                       |                                 |   |   |                                   |           |          |
| Principal Place of Business<br>3833 SOUTH HOPKINS AVENUE<br>TITUSVILLE FL 32780   |                       |                                 | Mailing Address<br>3833 SOUTH HOPKINS AVENUE<br>TITUSVILLE FL 32780   |   |                                   |           |          |
| 2. Principal Place of Business  |                       | 3. Mailing Address              |   |   |                                   |           |          |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.             |   |   |                                   |           |          |
| City & State  |                       | City & State                    |   |   |                                   |           |          |
| Zip   | Country               | Zip                             | Country   | 4. FEI Number <b>59-2523274</b>   |                                   |           |          |
|   |                       |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable                            |                                   |           |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |   |                                   |           |          |
| 6. Name and Address of Current Registered Agent   |                       |                                 | 7. Name and Address of New Registered Agent   |   |                                   |           |          |
| <b>GUMIENY, FREDERICK J.</b><br><b>470 WILLOW GREEN</b><br><b>TITUSVILLE FL 32780</b>   |                       |                                 | Name  |   |                                   |           |          |
|   |                       |                                 | Street Address (P.O. Box Number is Not Acceptable)  |   |                                   |           |          |
|   |                       |                                 | City  |   |                                   | <b>FL</b> | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                       |                                 |   |   |                                   |           |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004. Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                       |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |                                   |           |          |
| 10. OFFICERS AND DIRECTORS  |                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                   |           |          |
| TITLE   | PTD                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME  | GUMIENY, FREDERICK J. |                                 | NAME  |   |                                   |           |          |
| STREET ADDRESS  | 470 WILLOW GREEN      |                                 | STREET ADDRESS  | U00000017945  |                                   |           |          |
| CITY - ST - ZIP   | TITUSVILLE FL 32780   |                                 | CITY - ST - ZIP   | 01/28/04-80115-020 150.00   |                                   |           |          |
| TITLE   | S                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME  | GUMIENY, DANIEL E     |                                 | NAME  |   |                                   |           |          |
| STREET ADDRESS  | 1997 ALEXANDER DR     |                                 | STREET ADDRESS  |   |                                   |           |          |
| CITY - ST - ZIP   | TITUSVILLE FL 32796   |                                 | CITY - ST - ZIP   |   |                                   |           |          |
| TITLE   |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME  |                       |                                 | NAME  |   |                                   |           |          |
| STREET ADDRESS  |                       |                                 | STREET ADDRESS  |   |                                   |           |          |
| CITY - ST - ZIP   |                       |                                 | CITY - ST - ZIP   |   |                                   |           |          |
| TITLE   |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME  |                       |                                 | NAME  |   |                                   |           |          |
| STREET ADDRESS  |                       |                                 | STREET ADDRESS  |   |                                   |           |          |
| CITY - ST - ZIP   |                       |                                 | CITY - ST - ZIP   |   |                                   |           |          |
| TITLE   |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |           |          |
| NAME  |                       |                                 | NAME  |   |                                   |           |          |
| STREET ADDRESS  |                       |                                 | STREET ADDRESS  |   |                                   |           |          |
| CITY - ST - ZIP   |                       |                                 | CITY - ST - ZIP   |   |                                   |           |          |



MOORE CR2E034 (11/03)

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:**  **Frederick J. Gumieny**      01/23/2004      321-267-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #