

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90051 025 ***150.00

DOCUMENT # H40388

1. Entity Name

D & E PUMP SALES & SERVICE, INC.



Principal Place of Business

**3833 SOUTH HOPKINS AVENUE
 TITUSVILLE FL 32780**

Mailing Address

**3833 SOUTH HOPKINS AVENUE
 TITUSVILLE FL 32780**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2523274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUMIENY, FREDERICK J.
 470 WILLOW GREEN
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

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, 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 **PTD** Delete
 NAME **GUMIENY, FREDERICK J.**
 STREET ADDRESS **470 WILLOW GREEN**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **S** Delete
 NAME **GUMIENY, DANIEL E**
 STREET ADDRESS **1997 ALEXANDER DR**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** Change Addition
 NAME *[Signature]*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/T** Change Addition
 NAME **PATRICK DI DOMENICO**
 STREET ADDRESS **460 WILLOW GREEN**
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-05

321-267-8287

Date

Daytime Phone #