
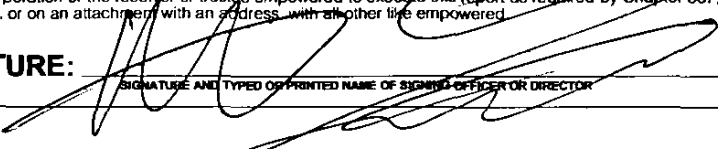


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90434 050 ***150.00

| | | | |
|---|--|---|--|
| DOCUMENT # J96997 | |  | |
| 1. Entity Name PUMP SERVICE & IRRIGATION, INC. | | | |
| Principal Place of Business 2912 HARBOR CITY BLVD. MELBOURNE, FL 32901 US | | Mailing Address 1101 SAPULPA RD SW PALM BAY, FL 32908 | |
| 2. Principal Place of Business | | 3. Mailing Address 2522 REED | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State MELBOURNE FL | |
| Zip | | Zip 32901 | |
| Country | | Country FLORIDA | |
| 4. FEI Number 59-2875829 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LOGSDON, JANE D. 1101 SAPULPA RD SW PALM BAY, FL 32908 | | Name LOGSDON JANE D. Street Address (P.O. Box Number is Not Acceptable) 2522 REED MELBOURNE, FL 32901 City MELBOURNE, FL Zip Code 32901 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD LOGSDON, MICHAEL T. 1101 SAPULPA RD SW PALM BAY, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2522 REED MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LOGSDON, JANE D. 1101 SAPULPA RD SW PALM BAY, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2522 REED MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | 4/25/06 3217242572 Daytime Phone # | |