


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L09540</b> 1. Entity Name <b>FLORIDA METER SERVICE, SALES &amp; CALIBRATION, INC.</b>	
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Principal Place of Business <b>704 S EVERS ST PLANT CITY, FL 33563</b>	Mailing Address <b>704 S EVERS ST PLANT CITY, FL 33563</b>
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2967326</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>RUTHERFORD, ANDREW 704 S EVERS ST PLANT CITY, FL 33563</b>
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**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 \_\_\_\_\_  
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, 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	T RUTHERFORD, ANDREW III 4421 HILL DR VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAMPINEN, DAVID 12119 BUFFINGTON LANE RIVERVIEW, FL 33596
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAMPINEN, JACK 9907 SIR FREDERICK ST TAMPA, FL
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01/13/06-80008-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Jack Lampinen President 1/9/06 813-752-1567**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #