

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L09540

1. Entity Name
FLORIDA METER SERVICE, SALES & CALIBRATION, INC.



Principal Place of Business
704 S EVERS ST
PLANT CITY, FL 33563

Mailing Address
704 S EVERS ST
PLANT CITY, FL 33563

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2967326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUTHERFORD, ANDREW
704 S EVERS ST
PLANT CITY, FL 33563

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000955782
07/22/08-80007-002 550.00

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/08

Date

813 752 1567

Daytime Phone #