

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90322 037 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # L78128</b>					
1. Entity Name <b>DON &amp; TOM'S PUMPS AND WATER CONDITIONING, INC.</b>					
Principal Place of Business <b>116 SW LINDEN ST. STUART FL 34997</b>			Mailing Address <b>116 SW LINDEN ST. STUART FL 34997</b>		
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>65-0216577</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BEBOUT, THOMAS L. 116 SW LINDEN ST. STUART FL 34997</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 15, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees            Trust Fund Contribution <input type="checkbox"/> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEBOUT, THOMAS L.		NAME		
STREET ADDRESS	116 SW LINDEN ST.		STREET ADDRESS		
CITY- ST- ZIP	STUART FL		CITY- ST- ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEBOUT, BARBARA S.		NAME		
STREET ADDRESS	116 SW LINDEN ST.		STREET ADDRESS		
CITY- ST- ZIP	STUART FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEBOUT, ANTHONY		NAME		
STREET ADDRESS	116 SW LINDEN ST		STREET ADDRESS		
CITY- ST- ZIP	STUART FL 34997.		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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Barbara S. Bebout</i>			5/12/05 772-260-2243		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		