2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000017304

1. Entity Name

SLURRY PUMP PARTS BY MAGNUM, INC.



FILED
May 02, 2008 08:00 AN
Secretary of State

Principal Place of Business

2402 5TH AVENUE TAMPA, FL 33605 Mailing Address

2402 5TH AVENUE TAMPA, FL 33605



04232008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3626292

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPA

BELL, CHARLES W 2402 5TH AVENUE TAMPA, FL 33605

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.	

in the second

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, 2008 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, CHARLES W 2402 5TH AVENUE TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD FALTUS, PHILLIP T 2402 5TH AVENUE TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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 otter in the empowered.

SIGNATURE:

SOVATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

812-247-2051

Date

Daytime Phone #