

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90024 015 ***150.00

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1. Entity Name

RON FRENCH PUMP SERVICE INC



Principal Place of Business

605 ULRICH RD.
FT. PIERCE FL 34982

Mailing Address

605 ULRICH RD.
FT. PIERCE FL 34982



2. Principal Place of Business

416 COCONUT AVE

Suite, Apt. #, etc.

3. Mailing Address

416 COCONUT AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

65-1002102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRENCH, RONALD C
605 ULRICH RD.
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name THOMAS A. FRENCH

Street Address (P.O. Box Number is Not Acceptable)

416 COCONUT AVE

City PORT ST LUCIE

FL

Zip Code

34952

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

Thomas A French

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT AS OF 1-1-06 ☐ Delete
NAME THOMAS A. FRENCH
STREET ADDRESS 416 COCONUT AVE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT AS OF 1-1-06 ☒ Change ☒ Addition
NAME THOMAS A. FRENCH
STREET ADDRESS 416 COCONUT AVE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas A French

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06

Date

772 461-9285

Daytime Phone #