

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90039 022 ***150.00

DOCUMENT # P00000048315

1. Entity Name

SOUTHERN PUMP & POUR, INC.



Principal Place of Business

**843 N WEIKIVA SPRINGS RD
APOPKA FL 32712**

Mailing Address

**P.O. BOX 473
APOPKA FL 32704**

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 **59-3625438**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, KEVIN H
843 N WEIKIVA SPRINGS RD
APOPKA FL 32712**

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

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, 2005, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SNYDER, KEVIN H**
STREET ADDRESS **843 N WEIKIVA SPRINGS RD**
CITY-STATE-ZIP **APOPKA FL 32712**

TITLE **DO** ☒ Delete
NAME **LOUNSBURY, CHRISTOPHER**
STREET ADDRESS **843 N WEIKIVA SPRINGS RD**
CITY-STATE-ZIP **APOPKA FL 32712**

TITLE **DO** ☐ Delete
NAME **VILLA, ELIAS**
STREET ADDRESS **152 GRAND JUNCTION BLVD.**
CITY-STATE-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Kevin Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Snyder

Date

Daytime Phone #

4/8/05 *886-2463*