

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056161

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: APPLIED PUMP TECHNOLOGY INC

**Current Principal Place of Business:**

5577 BLUE PACIFIC DR.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24668  
JACKSONVILLE, FL 322414668

**New Mailing Address:**

FEI Number: 59-3722971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEMANDEZ, M.A.  
3617 CROWN POINT RD.  
SUITE 2  
JACKSONVILLE, FL 32257

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIS, HAROLD JR.  
Address: 5577 BLUE PACIFIC DR.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Delete  
Name: DAVIS, HAROLD SR.  
Address: 20616 NW CR 2045  
City-St-Zip: ALACHUA, FL 32615

Title: STD (X) Delete  
Name: DAVIS, ETHELDA  
Address: 20616 NW CR 2045  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: DAVIS, HAROLD JR.  
Address: 5577 BLUE PACIFIC DR.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD DAVIS JR

PST

04/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date