

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056161

Entity Name: APPLIED PUMP TECHNOLOGY INC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

3617 CROWN POINT ROAD  
# 10  
JACKSONVILLE, FL 32257

## Current Mailing Address:

P.O. BOX 57487  
JACKSONVILLE, FL 322417487 US

## New Principal Place of Business:

3617 CROWN POINT ROAD  
# 2  
JACKSONVILLE, FL 32257

## 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:

HERNANDEZ, MEREDITH A  
3617 CROWN POINT RD.  
SUITE 10  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH A  
3617 CROWN POINT RD.  
SUITE 2  
JACKSONVILLE, FL 32257 US

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: MEREDITH ALLEN HERNANDEZ

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: DAVIS, HAROLD JR.  
Address: P O BOX 57487  
City-St-Zip: JACKSONVILLE, FL 322417487

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: DAVIS, RONDA  
Address: P O BOX 57487  
City-St-Zip: JACKSONVILLE, FL 322417487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

05/01/2008

Electronic Signature of Signing Officer or Director

Date