


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90007 006 ***550.00

DOCUMENT # P01000075168 1. Entity Name ADVANCED PUMP & CONTROL SERVICE, INC.	
--	---

Principal Place of Business 5103 IVYBROOK LANE FORT MEADE, FL 33841 Lakeland, FL 33811	Mailing Address PO BOX 5798 LAKELAND, FL 33807
--	--

DO NOT WRITE IN THIS SPACE



07272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3738879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WENDEL, JOHN F.~~
~~WENDEL & CHRITTON, CHARTERED~~
~~5300 S. FLORIDA AVE.~~
~~LAKELAND, FL 33807~~

Cherie Smith-Spool
1976 Excalibur Dr.
Orlando, FL 32822

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.

SIGNATURE Cherie Smith-Spool - V.P. Cherie Smith-Spool 8/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOWERS, JOSEPH 5103 IVY BROOK LANE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Cherie Smith-Spool 1976 Excalibur Dr. Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. myschelle Vineyard 201 Hunt St. #1212 Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joseph D. Bowers (Pres) 8/2/04 813-967-1048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #