

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102181

FILED  
Feb 10, 2007  
Secretary of State

Entity Name: LAUTH PUMP SERVICE, INCORPORATED

## Current Principal Place of Business:

14136 LELANI DRIVE  
WEEKI WACHEE, FL 34614

## New Principal Place of Business:

## Current Mailing Address:

14136 LELANI DRIVE  
WEEKI WACHEE, FL 34614

## New Mailing Address:

FEI Number: 59-3751865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAUTH, NANCY  
14136 LELANI DRIVE  
WEEKI WACHEE, FL 34614 US

## 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: D ( ) Delete  
Name: LAUTH, DAVID  
Address: 14136 LELANI DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34614

Title: D ( ) Delete  
Name: LAUTH, NANCY  
Address: 14136 LELANI DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAUTH, DAVID  
Address: 14136 LELANI DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34614

Title: VP (X) Change ( ) Addition  
Name: LAUTH, NANCY  
Address: 14136 LELANI DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34614

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY S, LAUTH

VP

02/10/2007

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

\_\_\_\_\_  
Date