

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90039 034 ***150.00

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1. Entity Name

PRIORITY PUMP & MIXER, INC.



Principal Place of Business

1710 NEWPORT AVE
LAKELAND FL 33803

Mailing Address

P.O. BOX 2378
LAKELAND FL 33806

2. Principal Place of Business

521 Howard Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

Country

USA

Country

4. FEI Number

75-3014110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRYOR, DAVID S
1710 NEWPORT AVE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name PRYOR, David S

Street Address (P.O. Box Number is Not Acceptable)

521 Howard Ave

City Lakeland

FL

Zip Code

33815

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME PRYOR, DAVID S
STREET ADDRESS 1710 NEWPORT AVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME PRYOR, David S
STREET ADDRESS 521 Howard Ave
CITY-ST-ZIP Lakeland, FL 33815

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #