

ORIGINAL


FILED  
Apr 26, 2004 8:00 am  
Secretary of State

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

04-26-2004 90414 020 \*\*\*150.00

DOCUMENT # P02000086661

1. Entity Name  
RAE-LO PUMPING, INC.



94063581



Principal Place of Business: 7827 LAND O LAKES BLVD. LAND O LAKES, FL 34639

Mailing Address: 7827 LAND O LAKES BLVD. LAND O LAKES, FL 34639

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

04162004 Chg-P CR2E034 (10/03)

4. FEI Number: 55-0792616 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ROQUE, ANTHONY  
7827 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent  
Name: JERRY MCRORY  
Street Address (P.O. Box Number is Not Acceptable): 7827 LAND O LAKES BLVD  
City: LAND O LAKES FL 34639

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: *Jerry MCRORY* Jerry MCRORY 4/21/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROQUE, ANTHONY	
STREET ADDRESS	7447 AVOCET DR	
CITY-ST-ZIP	WESTLEY CHAPEL, FL 33544	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCRORY, JERRY	
STREET ADDRESS	7827 LAND O LAKES BLVD.	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jerry MCRORY* Jerry MCRORY 4/21/04 813 996-5610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #