

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P02000100108

1. Entity Name  
WILLIAMS PUMP COMPANY



Principal Place of Business  
PO BOX 576  
FLORAL CITY, FL 34436

Mailing Address  
PO BOX 576  
FLORAL CITY, FL 34436



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0571329

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STATTON WILLIAMS, DENISE  
12422 ASTER POINT  
FLORAL CITY, FL 34436-4558

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WILLIAMS, KELLIS L  
STREET ADDRESS 12422 ASTER POINT  
CITY-ST-ZIP FLORAL CITY, FL 344364558

TITLE D  
NAME STATTON WILLIAMS, DENISE  
STREET ADDRESS 12422 ASTER POINT  
CITY-ST-ZIP FLORAL CITY, FL 344364558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000703610  
04/20/07-80148-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3/5/07

Date

(727) 381-7132

Daytime Phone #