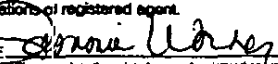
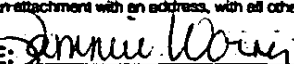


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

2/5

02-05-2008 90010 040 ***150.00

DOCUMENT # P02000112796 1. Entity Name ROUNDMAN'S PUMP REPAIR, INC.		
Principal Place of Business 14381 48TH STREET LIVE OAK, FL 32060	Mailing Address 14381 48TH STREET LIVE OAK, FL 32060	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WARNER, TAMMIE P. 14381 48TH STREET LIVE OAK, FL 32060		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:  DATE: _____ Sign, re, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)		
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D WARNER, TAMMIE P. 14381 48TH STREET LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 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:  TAMMIE P. WARNER, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF EXCERPT OFFICER OR DIRECTOR		

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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3880565	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	