## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P03000039297 1. Entity Name 04-29-2005 90208 032 \*\*\*150.00 MARINE-PUMPS, INC. Principal Place of Business Mailing Address 801-3068 S. OAKLAND FOREST DRIVE P.O. BOX 5101 OAKLAND PARK, FL 33309 FORT LAUDERDALE, FL 33310 2. Principal Place of Business 3. Mailing Address 240 SW 30TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-P CR2E034 (10/03) 2) th City & State City & State 4. FEI Number Applied For FT LAUDORDALE 13-4247434 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAYID DMENDERT DAVENPORT, DAVID 801-3068 S. OAKLAND FOREST DRIVE Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK, FL. 33309 #US FT LAUDEADALE 8. The above named entity submits this ement 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 age SIGNATURE ed age and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE **Change** ☐ Addition DAVENPORT, DAVID NAME NAME DAVELLAGRY, DAVID STREET ADDRESS 801-3068 S. OAKLAND FOREST DRIVE STREET ADDRESS 240 S.W. 30M STREET #15 CITY-ST-ZIP OAKLAND PARK, FL 33309 CITY-ST-ZIP FT LAUDERBALG, FL. TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete MLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ПΤΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS DTY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 acquirate 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. avender SIGNATURE: \_

FILED

Apr 29, 2005 8:00 am