
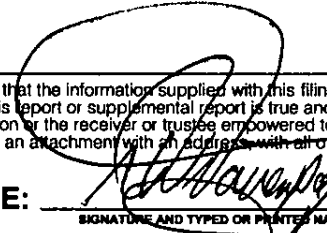


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000039297		
1. Entity Name MARINE-PUMPS, INC.		
Principal Place of Business 240 SW 30TH STREET #15 FORT LAUDERDALE, FL 33315		Mailing Address P.O. BOX 5101 FORT LAUDERDALE, FL 33310
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVENPORT, DAVID 240 SW 30TH STREET #15 FORT LAUDERDALE, FL 33315		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	DAVENPORT, DAVID	
STREET ADDRESS	240 SW 30TH STREET, #15	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 persons empowered.		
SIGNATURE:  D.W. DAVENPORT 02/16/2007 (954) 583-8064		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4247434

Applied For
Not Applicable

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

U000000645960
03/06/07-80009-025 150.00

**DO NOT WRITE
IN THIS SPACE**