


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000042997		
1. Entity Name TEMCO PIPE & SUPPLY, INC.		
Principal Place of Business 521 UMATILLA BLVD. UMATILLA, FL 32784		Mailing Address PO BOX 1358 UMATILLA, FL 32784
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILBURN, GERALDINE R 521 UMATILLA BLVD. PO 1358 UMATILLA, FL 32784		
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>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	WILBURN, CHARLES	
STREET ADDRESS	521 UMATILLA BLVD.	
CITY- ST- ZIP	UMATILLA, FL 32784	
TITLE	VD	
NAME	WILBURN, GERALDINE R	
STREET ADDRESS	521 UMATILLA BLVD.	
CITY- ST- ZIP	UMATILLA, FL 32784	
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 like empowered.		
SIGNATURE: <u>Geraldine R. Wilburn</u> <u>GERALDINE R. WILBURN</u> 1/22/06 352-669-5944 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3658914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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