2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2004 8:00 am Secretary of State 01-14-2004 90011 026 ***150.00

DOCUMENT # P03000069929 1. Entity Name MORGAN'S ELECTRIC MOTOR AND PUMP SERVICE, INC.						01-14-2004 90011 026 ***150.00				
Principal Place	e of Business	Mailing	Mailing Address			טוטענג				
	NDO AVENUE H, FL 32931	157 N. ORLANDO AVENUE COCOA BEACH, FL 32931								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01122004	Chg-P	CR2E0	34 (10/03)	
City & State	e	City & State				4. FEI Number 57-	118092		No	plied For ot Applicable
Zip 	Country	Zip		Coun	try	5. Certificate of		1 [8.75 Add	
	6. Name and Address of Currer	nt Registered	Agent		Name	7. Name and A	ddress of New Re	gistered A	gent	
[^] WEGLEIN, MORGAN 157 N. ORLANDO AVENUE ,COCOA BEACH, FL 32931						(P.O. Box Number	is Not Acceptable)		**************************************	
Jooddan	LAO11,1 E 02001									
					City	.,,		FL	Zip Code	9
	named entity submits this statement ions of registered agent.	for the purpo	se of changing its	registere	ed office or register	red agent, or both,	in the State of Flori	ida. Lam f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applic	cable. (NOT	E: flegistere	d Agent signature required	d when reinstating)	-	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	,	Election Campa Trust Fund Cont			.00 May Be led to Fees				,
10.	OFFICERS AN	O DIRECTOR	S	11.		ADDITIONS/CI	IANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEGLEIN, MORGAN 157 N. ORLANDO AVENUE COCOA BEACH, FL 32931	e;	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	N. C	j				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		- }				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ł		,		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ъ		☐ Delete	CITY	E Et address - St-Zip	- S ₁₁ ,		-	Change	Addition
	 certify that the information supplied w on this report or supplemental report	ith this filing o	does not qualify fo	R		ection 119.07(3)(i),	Florida Statutes I i	further cert	ify that the in	ntormatio

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.