## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000120858

Entity Name: TNK PUMPING, INC.

FILED Jul 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 811 APRICOT DR. OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** 811 APRICOT DR OCOEE, FL 34761 FEI Number: 20-0349891 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDS () Delete () Change () Addition WALDING, KATI Name: Name: 811 APRICOT DR. Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: WALDING, TROY A Name: 811 APRICOT DR. Address: Address: OCOEE, FL 34761 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATI WALDING PRES 07/18/2005