

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132685

1. Entity Name
PUMP-IT, INC.



Principal Place of Business
**PO BOX 14415
BRADENTON, FL 34280**

Mailing Address
**PO BOX 14415
BRADENTON, FL 34280**



05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 20-0398405 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**EADS, CLAUDIA
1117 26TH AVENUE WEST
BRADENTON, FL 34205**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | GOODRICH, CLIFFORD |
| STREET ADDRESS | PO BOX 14415 |
| CITY-ST-ZIP | BRADENTON, FL 34280 |
| TITLE | V |
| NAME | GOODRICH, WARREN M |
| STREET ADDRESS | 2020 74TH STREET CIRCLE NW |
| CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | ST |
| NAME | EADS, CLAUDIA |
| STREET ADDRESS | 1117 26TH AVENUE WEST |
| CITY-ST-ZIP | BRADENTON, FL 34205 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/09/05-80014-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Claudia Eads

SECRETARY-TREASURER

5-4-2005 941-755-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #