

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000139050

Entity Name: SMITHWICK PUMP REPAIR, INC.

**FILED**  
**Jul 14, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

6001 GILLIAM RD.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6001 GILLIAM RD.  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 32-0099802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITHWICK, CHARLIE W  
6001 GILLIAM RD.  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SMITHWICK, MAUDINE  
Address: 6001 GILLIAM RD  
City-St-Zip: ORLANDO, FL 32818

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Change (X) Addition  
Name: SMITHWICK, CHARLIE W  
Address: 6001 GILLIAM RD  
City-St-Zip: ORLANDO, FL 32818

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: MAUDINE SMITHWICK

SEC

07/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date