2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P03000151022** 04-18-2005 90549 037 ***158.75 1. Entity Name OSPREY PUMP & IRRIGATION SPECIALTIES, INC. Principal Place of Business Mailing Address 50 N TAMIAMI TRAIL **50 N TAMIAMI TRAIL** 20035514 OSPREY, FL 34229 OSPREY, FL 34229 2. Principal Place of Business 3. Mailing Address 813 P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 03012005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 0.2.24.6. 20-0490016 Not Applicable Country 34229 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent T&H COMPTROLLERS, INC. Street Address (P.O. Box Number is Not Acceptable) 200 CAPRI ISLES BLVD VENICE, FL 34292 Zip Code 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ■ Addition ☐ Change ISARD, JOHN H NAME NAME STREET ADDRESS 104 SHORELAND DR STREET ADDRESS CITY-ST-ZIP OSPREY, FL 34229 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delcte TITLE TITLE ☐ Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED