

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-05-2004 90387 050 ***150.00

DOCUMENT # P03000156052 1. Entity Name SPIVEY WELL & PUMP SERVICE, INC.					
Principal Place of Business 4749 STATE RD. 60 EAST LAKE WALES, FL 33853			Mailing Address P.O. BOX 221 LAKE WALES, FL 33859		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLINS, SHARON L 4749 STATE RD. 60 EAST LAKE WALES, FL 33853				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent's signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	SD ☒ Change ☐ Addition	
NAME	COLLINS, SHARON L		NAME		
STREET ADDRESS	4743 STATE RD. 60 EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	PD ☒ Change ☐ Addition	
NAME	SPIVEY, FLOYD M		NAME		
STREET ADDRESS	4743 STATE RD. 60 EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WILLIAMS, ELIZABETH J		NAME		
STREET ADDRESS	4743 STATE RD. 60 EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sharon Collins</u> <u>4-1-04</u> <u>803-676-1635</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If					

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02092004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0547685 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required