


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000156052</b>	
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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  COLLINS, SHARON L 4749 STATE RD. 60 EAST LAKE WALES, FL 33853
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLLINS, SHARON L 4743 STATE RD. 60 EAST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPIVEY, FLOYD M 4743 STATE RD. 60 EAST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ELIZABETH J 4743 STATE RD. 60 EAST LAKE WALES, FL 33853
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05/04/05-80054-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Floyd M. Spivey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4 29 05</u> <small>Daytime Phone #</small>