


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90138 030 \*\*\*150.00

<b>DOCUMENT # P04000041718</b> 1. Entity Name <b>CONSOLIDATED UTILITIES PUMP &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>1478 S 3RD ST JACKSONVILLE BEACH, FL 32250</b>				Mailing Address <b>1478 S 3RD ST JACKSONVILLE BEACH, FL 32250</b>	
2. Principal Place of Business - No P.O. Box # <b>1478 S 3RD ST</b>		3. Mailing Address <b>1478 S 3RD ST</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>JACKSONVILLE BEACH, FL</b>		City & State <b>JACKSONVILLE BEACH, FL</b>		4. FEI Number <b>55-0866227</b>	
Zip <b>32250</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DOYLE, WILLIAM E ESQ 2002 SOUTHSIDE BLVD SUITE 201 JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PETTIGREW, ROBERT W 840 TOURNAMENT ROAD PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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04292008 Chg-P CR2E034 (12/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Robert W Pettigrew*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/08**

**904-244-8680**

Date

Daytime Phone #