2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 8:00 am **Secretary of State** DOCUMENT # P04000059005 1. Entity Name 01-28-2005 90028 018 ***158.75 HAYCOCK'S ELECTRIC MOTOR AND PUMP REPAIR. INC. Principal Place of Business Mailing Address 9330 NW 60TH ST. CHIEFLAND FL 32626 9330 NW 60TH ST. CHIEFLAND FL 32626 50007633 2. Principal Place of Business 9330 News 60TH St. Suite, Apt. #, etc. 3. Mailing Address 9330 N. W. GOTH St. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYCOCK, TODD R Street Address (P.O. Box Number is Not Acceptable) 9330 NW 60TH ST. CHIEFLAND FL 32626 Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Toda . R. Haycorche TITLE TITLE ☐ Defete HAYCOCK, PAMALA 👵 NAME NAME 9330 NW 60TH ST. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHIEFLAND FL 32626 CITY-ST-ZIP ☐ Change Addition ☐ Delete Todd R. Hayev HAYCOCK, PAMALA NAME 9330Now WOTHST STREET ADDRESS 9330 NW 60TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIEFLAND FL 32626 ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED