2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2005 8:00 am Secretary of State

Zip Country Siph Country Siph Country Siph Country Scheme Country	02-10-2005 90042 009 ***150.00					DOCUMENT # P04000073053 I. Entity Name WELL DONE PUMP SERVICE, INC.					
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. O2012006 Chg-P CR2E034 (10/03) City & State City & State A. FEI Number DIDTB28 Ap. Ap						5	14448 NE 120 LANE	1	20 LANE	14448 NE 12	
City & State Country Zip Country Zip Country E. Certificate of Status Desired S. Certificate of Status Desired For Marme Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not							Mailing Address	3.	lace of Business	2. Principal Pl	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, MITZI C 14448 NE 120 LANE FORT MCCOY, FL 32134 City FL Zip Cook 6. 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, the obligations of registered agent. SIGNATURE Sycature, typed or pread name of registered agent and to if applicable. (NOTE Registered Agent signalus required when rentating) P		34 (10/03)	g-P CR2E0	Chg-P	02012005		Suite, Apt. #, etc.		#, etc.	Suite, Apt.	
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E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Synther, speed or present agent and stee (applicable. (NOTE Registered Agent agenture required when recreating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Delete TITLE MAKE MCNEILL, ROBERT T STREET ADORESS DITY-ST-2P TITLE VP OPENDERS AND DIRECTORS TITLE NAME SIREET ADORESS CITY-ST-2P FORT MCCOY, FL 32134 Delete TITLE NAME STREET ADORESS CITY-ST-2P TITLE STREET ADORESS CITY-ST-2P TITLE NAME STREET ADORESS CITY-ST-2P TITLE STREET ADORESS CITY-ST-2P TITLE NAME STREET ADORESS CITY-ST-2P TITLE OPENDERS STREET ADORESS CITY-ST-2P TITLE OPENDERS STREET ADORESS CITY-ST-2P TITLE NAME STREET ADORESS CITY-ST-2P TITLE OPENDERS STREET ADORESS CITY-ST-2P TITLE OPENDERS STREET ADORESS CITY-ST-2P TITLE OPENDERS STREET ADORESS CITY-ST-2P TITLE STREET ADORESS CITY-ST-2P TITLE OPENDERS STREET ADORESS CITY-ST-2P Change Chan	P.O. Box Number is Not Acceptable)				(P.O. Box Numbe	Street Address	:		14448 NE 120 LANE		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR 2/4/05 352 843-0458