

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000088738

1. Entity Name
PUMP-KEN, INC.



**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90140 036 ***150.00

Principal Place of Business
2918 W. COACHMAN AVENUE
TAMPA, FL 33611

Mailing Address
2918 W. COACHMAN AVENUE
TAMPA, FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
FEIN FILED FOR/PENDING Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKMON, HOWARD
2918 W. COACHMAN AVENUE
TAMPA, FL 33611

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete
NAME Oldham, MARY Anne Oldham
STREET ADDRESS 2918 W. Coachman Ave.
CITY-ST-ZIP TAMPA, FL 33611

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME HOWARD BLACKMON
STREET ADDRESS 2918 W. COACHMAN Ave. TAMPA, FL
CITY-ST-ZIP 33611

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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.

813 -
SIGNATURE: Mary Anne Oldham Date 4/25/05 Daytime Phone # 839-8347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR