2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000170594

1. Entity Name
CHAMPION PUMP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1940 FLOWER TERRACE SEBRING, FL 33875	1940 FLOWER TERRACE SEBRING, FL 33875

DO NOT WRITE IN THIS SPACE

03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2156485
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLURE, JOHN K
230 S. COMMERCE AVENUE
SEBRING, FL 33870

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000473912
04/04/06-80002-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAPADULA, RICHARD J
STREET ADDRESS	1940 FLOWER TERRACE
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	VP
NAME	HAWKS, JEFFREY
STREET ADDRESS	1300 S.R. 96
CITY-ST-ZIP	ASHLAND, OH 44805
TITLE	T
NAME	POORE, PAUL H
STREET ADDRESS	1578 ALPHA ROAD
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	S
NAME	MCFARLIN, JEFFRY
STREET ADDRESS	1566 S. SOUTH BONEY ROAD
CITY-ST-ZIP	ASHLAND, OH 44805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3-15-06 863-382-2954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #