

FILED
Mar 12, 2008 8:00 am
Secretary of State

01-31-2008 90024 006 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # P05000001385			
1. Entity Name ROY'S SOUTHERN PUMP, INC.			
Principal Place of Business 2327 KIRKLAND RD DOVER, FL 33527		Mailing Address PO BOX 1364 DOVER, FL 33527	
2. Principal Place of Business - No P.O. Box # 2407 Fritze Rd		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dover, FL		City & State	
Zip 33527	Country	Zip	Country
4. FEI Number 20-2096163		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERBY, ROY 2327 KIRKLAND RD DOVER, FL 33527		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2407 Fritze Rd City, State, Zip Dover, FL 33527	
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: <u>[Signature]</u> DATE: <u>1/28/08</u> (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD DERBY, ROY 2327 KIRKLAND RD DOVER, FL 33527 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 2407 Fritze Road Dover, FL 33527-3430
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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: <u>[Signature]</u> DATE: <u>1/28/08</u> TELEPHONE: <u>813-763-0288</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			