## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P05000068028

## **FILED** Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90117 037 \*\*\*150.00

1. Entity Nam T&J CON		PUMPING INC.									
Principal Place of Business				Mailing Address							
7725 96TH AVE VERO BEACH, FL 32967				7725 96TH AVE VERO BEACH, FL 32967						0145	
2. Principal Place of Business			3. N	3. Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			03032006	Chg-P	CR2E0	34 (11/05)	
City & State			C	City & State	,	4 FEI Numb	3066	a 10		pplied For at Applicable	
Zíp	Country		Z	<sup>C</sup> ip	Coun	try	5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Require	
	ered Agent		Name	7. Name and	Address of New R	egistered /	\gent				
ALBERT, JESSICA 7725 96TH AVE							ss (P.O. Box Numb	er is Not Acceptable	<del>)</del>		
VERO BEACH, FL 32967											
						City			FL	Zip Cod	е
the obligat	named entity ions of regist	y submits this statement ered agent.	t for the pu	urpose of changing its	s register	ed office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am i	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ag	pent and title if	applicable. (NOI	E: Registere	d Agent signature requ	uired when reinstating)	····	DATE		<del></del>
FIL After Ma	E NOW!!! ay 1, 2006	FEE IS \$150.00 6 Fee will be \$55	0.00	9. Election Campa Trust Fund Con			55.00 May Be added to Fees				
10.	1 5/5	TORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND				
TITLE NAME	P/D DURŠTIN	, THOMAS		☐ Delete	TITL					Change	☐ Addition
STREET ADDRESS	7725 96TH AVE					ET ADDRESS					
CITY-ST-ZIP	VERO BEACH, FL 32967				CITY	- ST- ZIP					
TITLE	VD			☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	ALBERT, JESSICA 7725 96TH AVE				NAM STRE	ET ADDRESS					
CITY-ST-ZIP		ACH, FL 32967				-ST-ZIP					
TITLE	T/S			☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	ALBERT, 7725 96TI				MAM	ET ADDRESS					
CITY-ST-ZIP	1	ACH, FL 32967				-ST-ZIP					
TITLE				☐ Delete	TITL	E				☐ Change	☐ Addition
NAME					NAM	l l					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE				☐ Delete	TITLE		·			☐ Change	□ Addition
NAME				LJ Delete	NAM						Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						- ST - ZIP					
TITLE NAME				Delete	TITLI	i				☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						- ST- ZIP					
12. I hereby o	certify that the	e information supplied v	vith this fili	ing does not qualify for	or the exi	emptions contain	ned in Chapter 11	9, Florida Statutes. I	further cert	fy that the in	nformation

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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #