2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# P05000108729

Entity Name: APOPKA WELL & PUMP, INC.

Current Principal Place of Business:

717 E 9TH ST
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

717 E 9TH ST
APOPKA, FL 32703

New Mailing Address:

PO BOX 2107
APOPKA, FL 32704

FEI Number: 55-0902388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROSE, GAIL W
717 E 9TH ST
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROSE, MICHAEL
Address: 717 E 9TH ST
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: GROSE, GAIL W
Address: 717 E 9TH ST
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GROSE, GAIL
Address: 717 E 9TH ST
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL GROSE VP 03/03/2009
Electronic Signature of Signing Officer or Director Date