
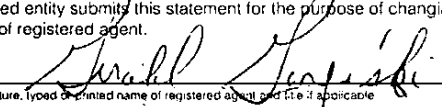
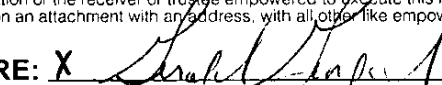


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90412 004 ***150.00

DOCUMENT # P06000075399 1. Entity Name TOWN & COUNTRY PUMP SERVICE, INC.																											
Principal Place of Business 4031 LAMSON AVE SPRING HILL, FL 34608		Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606																									
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 4031 LAMSON AVENUE																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State 		City & State SPRING HILL, FL																									
Zip 	Country 	Zip 34606	Country 																								
4. FEI Number 20-4974299		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 E ORANGE ST TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name GINGEROSKI, GERALD W. Street Address (P.O. Box Number is Not Acceptable) 4031 LAMSON AVENUE City SPRING HILL FL Zip Code 34608																									
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 <input checked="" type="checkbox"/>  DATE X 4/22/07 <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-instating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GINGEROSKI, GERALD W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4031 LAMSON AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34608</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	GINGEROSKI, GERALD W		STREET ADDRESS	4031 LAMSON AVE		CITY-ST-ZIP	SPRING HILL, FL 34608		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D/P/S/T</td> <td style="width:10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <input checked="" type="checkbox"/> 		GERALD W. GINGERSKI <input checked="" type="checkbox"/> 4/22/07 352 688-6290 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																									