

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90003 013 ***558.75

DOCUMENT # P07000056161

1. Entity Name

ADVANCED PUMP & IRRIGATION INC



Principal Place of Business

**1781 PHILADELPHIA CT
DELTONA FL 32725
US**

Mailing Address

**1781 PHILADELPHIA CT
DELTONA FL 32725
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

260157913

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

2nd MOORE

CR2E034 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLDS, TODD
1781 PHILADELPHIA CT
DELTONA FL 32725**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 ☐ Delete
NAME **P**
STREET ADDRESS **OLDS, TODD**
CITY-ST-ZIP **1781 PHILADELPHIA CT
DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: Todd S. Olds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/08 (386) 860-5089
Date Daytime Phone #