

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90077 019 \*\*\*150.00

**DOCUMENT # P93000067907**

1. Entity Name

**RODGER'S PUMP & SPRINKLER REPAIR SERVICE INC.**



Principal Place of Business

Mailing Address

**2 ZODIAC PL  
PALM COAST FL 32164**

**2 ZODIAC PL  
PALM COAST FL 32164**

**50018382**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**134 Forest Quest**

Suite, Apt. #, etc.

3. Mailing Address

**134 Forest Quest**

Suite, Apt. #, etc.

City & State

**Ormond Beach, FL**

Zip  
**32174**

Country  
**USA**

City & State

**Ormond Beach, FL**

Zip  
**32174**

Country  
**USA**

4. FEI Number

**59-3220511**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REUTER, SEBASTIAN F III  
2 ZODIAC PL  
PALM COAST FL 32164**

7. Name and Address of New Registered Agent

Name **Reuter, Sebastian F III**

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

**134 Forest Quest**

City **Ormond Beach**

**FL**

Zip Code  
**32174**

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 **Tammy Reuter**

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

(NOTE: Registered Agent signature required when reinstating)

**2-17-05**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REUTER, SEBASTIAN F III	
STREET ADDRESS	2 ZODIAC PL	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REUTER, TAMMY	
STREET ADDRESS	2 ZODIAC PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>134 Forest Quest</b>	
CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>134 Forest Quest</b>	
CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Tammy Reuter VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-05**

Date

**386-527-6699**

Daytime Phone #