


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90065 006 ***150.00

DOCUMENT # P95000017958	
1. Entity Name DRAINAGE PUMPING SERVICES, INC.	

Principal Place of Business 1472 JORDAN HILLS COURT CLEARWATER, FL 33756 US	Mailing Address 1472 JORDAN HILLS COURT CLEARWATER, FL 33756 US
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40088995



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04102006 Chg-P CR2E034 (11/05)

8. Name and Address of Current Registered Agent BRUNSON, JOHN M 1474 JORDAN HILLS COURT CLEARWATER, FL 33956		7. Name and Address of New Registered Agent Pete Lenhardt 1472 Jordan Hills Ct Clearwater FL 33756	
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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 Peter M. Lenhardt <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Peter M. Lenhardt <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 4/26/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS LENHARDT, PETER M 1472 JORDAN HILLS COURT CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LENHARDT, PETER M 1472 JORDAN HILLS COURT CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter M. Lenhardt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Peter M. Lenhardt <small>Date</small> 4/26/06 <small>Daytime Phone #</small>