

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 18 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT (11/05) *de*

DOCUMENT # P95000038921 1. Entity Name ENGLEWOOD WELL & PUMP INC.					
Principal Place of Business P.O. BOX 19743 JACKSONVILLE, FL 32245		Mailing Address 3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208			
2. Principal Place of Business 3711 Trout River Blvd Suite, Apt. #, etc.		3. Mailing Address 3711 Trout River Blvd Suite, Apt. #, etc.			
City & State Jacksonville Fl		City & State Jacksonville Fl		4. FEI Number 59-2053530	
Zip 32208		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, BRUCE 1303 HICKMAN ROAD JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Bruce Moore Street Address (P.O. Box Number is Not Acceptable) 1303 Hickman Road Jacksonville Florida City Jacksonville FL Zip Code 32216			
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 <i>Bruce Moore</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10-5-2006	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, BRUCE P.O. BOX 19743 JACKSONVILLE, FL 32245	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Moore President P O Box 19743 Jacksonville Fla 32245	<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	500080968805 10/18/06--01057--020 **150.00	<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
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
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: <i>Bruce Moore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 10-5-2006		DAYTIME PHONE # 724-3145

K. Eckel OCT 25 2006