2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90070 025 ***150.00

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1. Entity Name
GRISWOLD PUMP COMPANY

Principal Place of Business	Mailing Address
107 PLANATION OAKS DR. THOMASVILLE, GA 31792 US	107 PLANATION OAKS DR. THOMASVILLE, GA 31792 US

02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3361661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, FRED F JR
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DALE PAVLOVICH
STREET ADDRESS	12780 SALEM RD.
CITY-ST-ZIP	PAVO, GA 31778
TITLE	V
NAME	SPITZER, DAVE
STREET ADDRESS	416 MARINE ST
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	V
NAME	MIKE BOUL
STREET ADDRESS	15437 STONEY OAKS LANE
CITY-ST-ZIP	PRATHER, CA 93651
TITLE	V
NAME	VAUGHN, EDWARD
STREET ADDRESS	105 GOLD CT
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Dale M. Pavlovich, President (229)226-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #