

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000002429	
1. Entity Name GRISWOLD PUMP COMPANY	

Principal Place of Business 107 PLANATION OAKS DR. THOMASVILLE, GA 31792 US	Mailing Address 107 PLANATION OAKS DR. THOMASVILLE, GA 31792 US
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DO NOT WRITE IN THIS SPACE



07132007 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

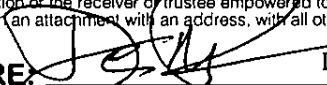
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALE PAVLOVICH 12780 SALEM RD. PAVO, GA 31778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPITZER, DAVE 416 MARINE ST CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIKE BOUL 15437 STONEY OAKS LANE PRATHER, CA 93651
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUGHN, EDWARD 105 GOLD CT THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/23/07-80006-020-150.00

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  **Dale Pavlovich, President** **7/13/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #