

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044766

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** R & K MOBILE PUMP & SPRAY SYSTEMS REPAIR INC.

**Current Principal Place of Business:**

500 NE 28 ST  
#E  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3290 SW 1 CT  
DEERFIELD BCH, FL 33442

**New Mailing Address:**

**FEI Number:** 65-0763329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYRD, WALTER KENNETH  
3290 S.W. 1ST COURT  
DEERFIELD BEACH, FL 33442

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BYRD, WALTER K  
Address: 3290 SW 1ST CT  
City-St-Zip: DEERFIELD BCH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER K. BYRD

PRES

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date