2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000069595

1. Entity Name
LIFT STATION MANUFACTURING CORPORATION

Principal Place of Business	Mailing Address
1101 E. BROADWAY ST. OVIEDO, FL 32765	1101 E. BROADWAY ST. OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

03072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3463089	Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK
200 N. THORNTON AVENUE
ORLANDO, FL 32801

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SEXTON, JOSEPH R SR.
STREET ADDRESS	868 SNOW QUEEN
CITY-ST-ZIP	CHULUOTA, FL 32766

TITLE	VP
NAME	MARTIN, TONY
STREET ADDRESS	2709 CANTERCLUB TR
CITY-ST-ZIP	APOPKA, FL 32712

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Joseph P Sexton, Pres._   3/12/07   407-977-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #