


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000032577
 1. Entity Name
PUMPS INVESTMENT, INC.



Principal Place of Business 360 SOUTH WYMORE ROAD ALTAMONTE SPRINGS, FL 32714	Mailing Address 360 SOUTH WYMORE ROAD ALTAMONTE SPRINGS, FL 32714
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02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3565602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**REESER, MORGAN I
 814 HAMMONVILLE ROAD
 POMPANO BEACH, FL 33060**

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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 resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000085206 03/11/04-80038-016 158 75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REESER, DENNIS 360 SOUTH WYMORE ROAD ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REESER, MORGAN I 814 HAMMONVILLE ROAD POMPANO BEACH, FL 33060
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *D. Reeser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____